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MENTAL HEALTH

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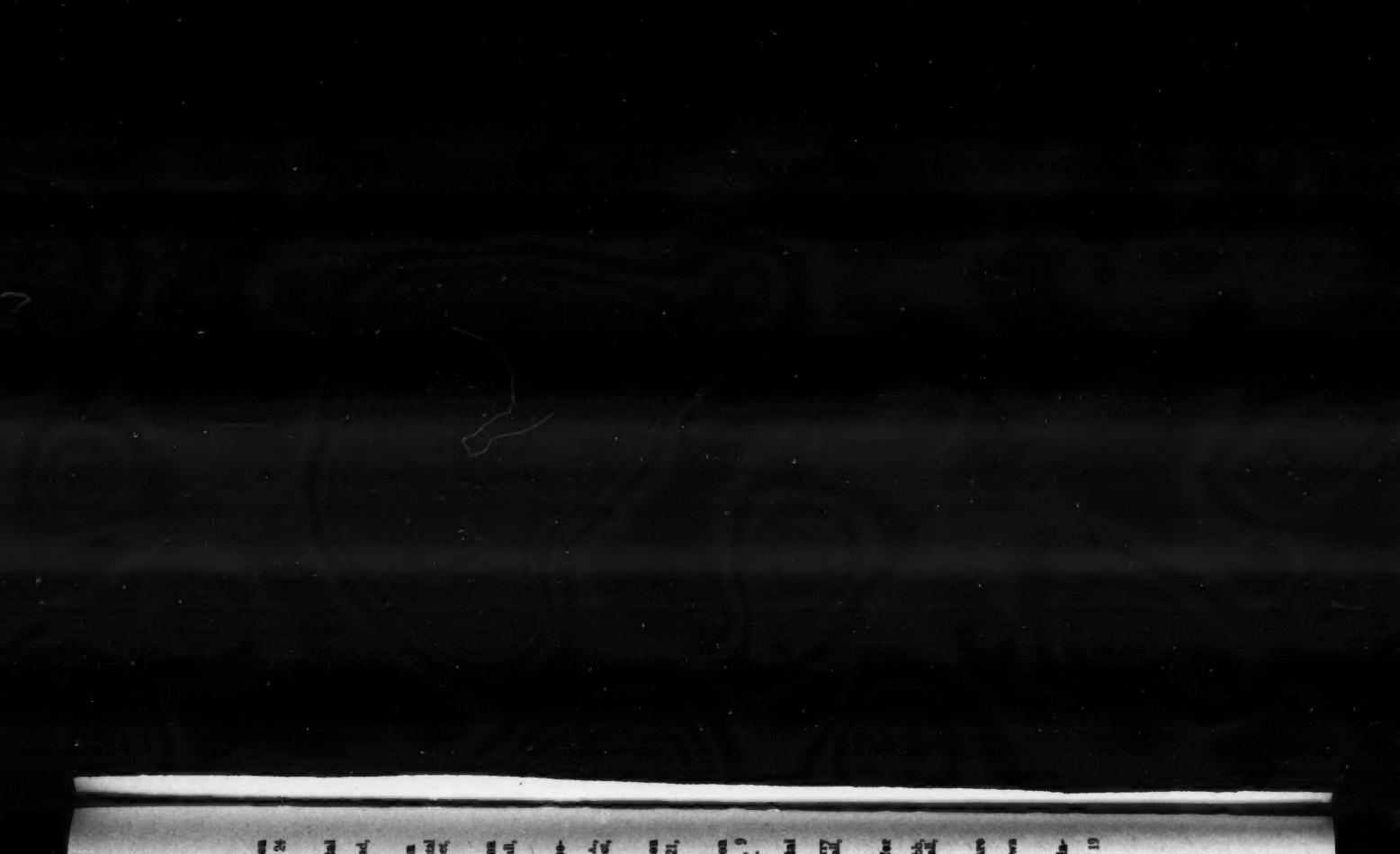

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Editorial

Reform of the Law

No one can doubt that the attitude of the law to mental illness has changed a great deal in the past 25 years, the Mental Treatment Act in 1930 being a great step forward from the Lunacy Act of 1890. But it seems equally clear that the law has moved more slowly than medicine and this is not in keeping with knowledge about causation and treatment which is the fruit of research. It is ironic that the regulations governing certification still reflect a greater concern for the liberty and good treatment of the patient's body than of his mind, and in some cases they are apparently designed to prevent victimisation by unscrupulous doctors—an attitude which is surely unnecessary today even if anyone supposes it was necessary 100 years ago. On the other hand, there are many cases which clearly need help—alcoholics, early schizophrenia and psychopaths, for example—but for whom it is not yet possible in this country to insist on treatment. Finally the whole question of mental deficiency has received scant recognition in the eyes of the law—or for that matter in the eyes of the public—since the Mental Deficiency Act was passed in 1913.

It is therefore very welcome news that a Royal Commission has at last been set up with wide terms of reference. The names and positions of its members are given elsewhere and it is a good omen that they include several who have been in the forefront of progress, both clinical and administrative, and who have also shown courage and breadth of vision in interpreting the social and legal implications of mental illness and mental deficiency. Readers will all wish the Commission Godspeed.

> It seems to be a diabolical law that he who takes off a mask is so fascinated by the features revealed that the revelation remains with him for ever. Freud took off the mask of hypocrisy and the grin of sexuality followed him all through life. Nietsche saw repressed rage and he could never get rid of its fascination. Until his death, Adler remained fascinated by the grimace of the lust for power visible in every face he had unmasked.
>
> H. C. Rumke: *The Psychology of Unbelief*

Movement and Rhythm in Remedial Education

By DR. F. DE HAVAS
(Principal of Salmons Cross School, Reigate, Surrey)

Conation and Conception

It is well known that disabilities of the mind are often found together with motor defects. The latter show sometimes in the lack of skill in the use of the hands or the fingers, sometimes in some clumsiness in movements of the legs or feet.

Amongst the educationally subnormal, we can at first sight distinguish two main groups. There are those children who are often considered as maladjusted, whose defect is mainly a moral defect; they may show a low scholastic intelligence, which is expressed in their low I.Q.; but they may well be able to take an effective line of action for they have often that amazing grasp of situations which is essential to the efficient offender; we may call it a guttersnipe intelligence which is characteristic of people with a primitive attitude to life, and which is in our view a deviation from scholastic intelligence; on the commonly used I.Q. scales it is not measured. Nevertheless, it is a capacity for intelligence. These children are good with their hands, but heavy on their heels and the motor defect shows in a lack of co-ordination between limbs, body and speech, or in the posture as a whole; their way of moving is awkward and unpleasant. The other group consists of children who have difficulties in the use of their fingers, who hardly stand or walk on their heels, whose shoe soles last very long; they show mental disabilities but no moral defect and they are most unlikely to become habitual offenders when they reach adolescence, although their I.Q. may be low.

The very close correlation between varied forms of motor defects and defects of the mind, in otherwise very different cases induces us to ask whether it is possible to improve the disability of the mind by improving the motor defect. Experienced teachers have often vaguely pointed out that certain forms of handwork and physical exercise are good for backward children. A clear argument why that should be so, has, however, never been produced; instead the fallacious view is sometimes held that children of low intelligence may produce better handwork than children of high intelligence.

Rudolf Steiner has pointed out that there is a changing relationship between conation and conception; the change is bound up with the development of the single individual as well as with the evolution of the whole human species. To enter into the intricacies of this problem is beyond the scope of this paper. We can only refer the interested reader to the writings of Rudolf Steiner (mainly *Philosophy of Spiritual Activity*. Ch. 9.)

One of the implications of those ideas, often emphasised by Rudolf Steiner, is that when we stimulate the child to intellectual activities we thereby create certain inhibitions for the exercise of will (conation). Therefore, education that lays too much stress on the early development of the intellect, on reading and reckoning, often produces persons who at a later age suffer from minor or major hesitation when it comes to "doing". They may have brilliant ideas but they stop when it comes to the actual performance; being unable to carry on with their own initiative, they resign themselves to carrying out other persons' orders, remaining themselves in subordinate positions; yet in their minds they remain the more dissatisfied, the more intellectually capable they are, and they are inclined to become difficult, offensive and eventually offenders. Thus their inhibited impulses burst out, being no longer under the control of their own intellect. The dual personality has then been formed; the contemplative intelligent mind, frustrated because it is unable to find the transition from contemplation to action and the uncontrolled and therefore necessarily unintelligent will that bursts out on the fatal occasion.

An entirely different result is achieved when the education of the child does not concentrate on feeding the intelligence, but rather tries to submit the conative processes (action, will) to intelligent control. The intelligent control in the young child will have to be introduced by the teacher or educator. The child is not yet intelligent enough, nor has it the inner strength to tame its boundless energy. Of course, activity should not be stopped, it should be directed into desirable channels. Not the "don't" but the "do it like this" is the key word to education. Thus the will becomes used to being controlled and gradually the growing child becomes able to assume control of himself. The child will thus become able to use whatever intelligence he possesses to direct his will towards the desired purpose. To achieve this, is one of the aims of education.

The intelligence, as such, cannot be educated, as is generally recognised; it can only be fed. The I.Q. remains, if effectively ascertained, the same throughout life. (We need not enter into the discussion of certain exceptions). The will also is not educated, it is there in the obvious wealth of activity of the small child. (Certain pathological and rare exceptions may again be disregarded).

The established doctrine that conception precedes conation is obviously correct for the premeditated purposive action of the adult. Just as obviously it does not apply to the action by imitation which is normal for the child under 7. Here conation is primary and conceptions secondary, with considerable delay.

In order not to overstep the boundaries of this article we must disregard the stages of transition that lead the child towards the intelligent control of the will. This leads from imitation (under 7)

through artistic manifestations in painting, modelling, etc. between 7 and 14, and finally to the formation of ethical and intellectual judgments with the onset of puberty.

The Sense of Movement

It has been shown in Rudolf Steiner Schools that children who have learned to step out geometrical forms while very young can, a few years later, grasp geometry better than those children who have never done so. It is the will that is being directed and shaped and this, many years later, affects the intellectual life of the child and the power of self-expression.

It is in keeping with one of the main doctrines of Rudolf Steiner education that handwork and certain leg exercises, like stepping rhythms, or geometrical forms have a beneficial effect on the development of the mind. In the education of the backward child we find it particularly difficult to educate the mind, because the child cannot understand what the teacher tries to convey in speech. There is no possibility of educating the intellect; but Rudolf Steiner maintained that the intellectual function (although not the intelligence as such) can be improved, or at least freed from all inhibitions if the school teacher has concentrated on working directly upon the will, or the child's motor activity.

The question is now: How can we work upon this, and what specific results does such work produce? Obviously we can produce or improve manual ability, we can teach the child to use the hands and the fingers in the right way; we can teach a small child to step in rhythms, we can make it run along shapes and in this way, after a few years, we can create an improvement in the intellectual function.

There are many toys which make the child use the hands, but one point must be very carefully considered. What matters is the subtlety and, so to speak, the "human" nature of his manual actions. For instance, the strength of grip in a hand does not express anything that is relevant for the later development of the mind. Very often extremely backward children, who are quite unable to do anything with a pencil, to knit, or to do any other handwork, have an amazing strength of grip or can hammer pegs into holes without difficulty. The strength of grip, or the ability to hammer are more related to the animal than to the human qualities of the child. It is the human qualities of the child which must be educated and it can be left to the aesthetic judgment of the teacher to find for himself what qualities are human and what are merely animal. There is a subtle difference between taking a thing with the hands and grabbing it. Grabbing is animal, taking is human, and although it is difficult to define the difference, it is easy for the observer to tell which is which. The same applies to the use of the legs. Running fast, or jumping high, are abilities that the human being has in common

with the animal, though often to a much lesser degree than certain animals. What distinguishes the human use of the feet and of the legs from the animal are certain subtleties in movement.

Adolescents or older human beings have, as a rule, an awareness of the position of their hands or their feet. They can stand straight with both feet together, they need not look at their feet to know that they *are* together. They have a well developed sense of movement and position. *The sense of movement conveys to the human consciousness an awareness of the whereabouts of the limbs and also of the position of the lower jaw.* But some children lack this and have to be told that their mouth is open or that their fingers are bent. That means that their sense of movement is disturbed and needs education. The writer's opinion is that the performance of all the senses is just as dependant on psychological factors as on physical factors. But let us leave the other senses and concentrate now on the sense of movement sometimes called the propioceptive sense.

To step rhythms with the legs is often extremely difficult for backward and sometimes for normal children. Rhythms with changes in their speed or their nature are most difficult. It is obvious that many children have no awareness of what their legs are actually doing. They are quite able to make all those movements that an animal can make. They can walk, run and jump but cannot step rhythms, or cannot walk with full consciousness of the position of the feet at every single phase of one slowly performed step i.e. lifting one foot slowly, carrying it to the front and setting it to the ground again.

Even normal persons have slight defects in their sense of movement. For instance, stretch out your arms in front of you, point with one finger of each hand towards the other hand and then move the hands towards each other in order to make the finger tips touch each other. It is very difficult to do this with closed eyes, but with open eyes it is very easy because the sense of movement is aided by the sense of sight.

Some sort of education of the sense of movement is a part of the teaching of good manners which most children are taught at home. Teaching the use of the fingers and the hands begins with the use of the spoon and later of a knife and fork in the right way and in the correct hand. There was, in the past, no awareness that one was educating the sense of movement; table manners were just considered as one of the decencies of life.

Within the last decades this traditional outlook has been shaken. Everything that is traditional has been questioned and has often been declared to be senseless, yet we have not gained enough knowledge to replace it by something better. While it is considered that the teaching of manners to children is less important it is

forgotten that the sense of movement in a child needs education for its subtler functions. Normal children educate themselves to a very large extent. It is different in the case of backward children.

Practical Exercises

Let us now describe some of the exercises that we do in order to educate the sense of movement of a child. The child is given a copper rod, more or less 30″ long, hollow and not too thick or heavy, so that it can be comfortably held with the two hands. First, the child stands straight, feet together and with the hands hanging downward, holding the rod horizontally in front. Then he lifts his hands with the rod upwards and stretches them into a vertical position so that the rod is held horizontally above the head and the elbows are straight. Then he lowers his arms still stretched out until they are horizontally in front of him and the rod is also horizontal in front of his shoulders and drops his left hand under his right, holding the rod so that it comes into a vertical position; then he raises his left arm until it is again horizontal in front and drops his right hand so that it comes to be under his left and the rod is again in the vertical position on his left side. Then the movement is reversed again. The right hand up, the left hand dropped under the right hand, then both arms are raised so that the rod is again horizontally above his head with the arms stretched out and then the hands are lowered and hang down in front, with the rod in the horizontal. That is again the initial position. This movement is done repeatedly, accompanied by music. It is a movement in seven steps and it is for many, especially for mentally backward children, a very difficult movement to do. Many children, for instance, do not know whether their arms are stretched out when they cannot look at them. They cannot see the arms when the rod is vertically above the head and they have to be told whether their arms are straight or not. They have difficulty too in distinguishing between the right and the left. They have to be shown again and again which is their right and they very often stumble over the asymmetry of the movement, right, left, right; then they automatically go left again; the asymmetry of the movement needs a higher degree of wakefulness than a symmetrical movement. The asymmetry of the movement is therefore most important. It prevents the movement from becoming mechanical. The child needs a certain amount of awareness about the whereabouts of the arms in order to be able to perform an asymmetrical movement in which both arms are involved.

Another movement that educates the awareness of the child about the whereabouts and doings of the arms and hands is called stirring. The right arm is stretched out horizontally and the rod is held in the middle with the fingers, more or less like one holds a pencil, in such a way that the rod is in the vertical. Then suitable

music starts and the child begins to stir. That is, to move the rod so that it describes a cone, the apex of which lies in the hand and the bases of which are described with the ends of the rod, the bottom and the top end. The arm must remain quietly in the horizontal and only the hand is moved; one joint is in operation and that is the wrist. That presents for backward children many difficulties. They tend to move their whole arm, to use the elbow joint instead of the wrist. It is extremely difficult and it is often only a very gradual process until they become able to move the wrist only. Some children always start the movement in their shoulders; others stir with the elbow joint and it is only gradually that they progress from using the shoulder joints to using the elbow and then finally the wrist only.

Now we come to the fingers. One of the most elementary difficulties that one meets in many very backward children is that they are not able to oppose the thumb to the fingers, they tend to hold the rod with the fingers against the palm of the hand without making any use of the thumb. They have to become conscious of their thumb and it is only then that they can start to do anything sensible with pencil or paint brush. Often one can find that backward children move their hands like fins, they do not use the fingers separately. In this case the sense of movement extends as far as the hands, but not so far as the fingers. These children have great difficulty in eating nicely, in eating in such a way that their fingers do not become very dirty. The extension of the sense of movement into the fingers is a very slow process, a process that can take up to two years.

For the extension of the sense of movement as far as the fingers, another exercise can be made. The children again take the copper rod and hold it with the fingers of both hands in shoulder distance, with the arms stretched out frontwards and parallel. Now they are told that they should play the piano on the rod with the four fingers, supporting the rod with the thumb. That they do for say seven or eight movements with the four fingers to the rhythm of music and then through a simultaneous turning of both hands come to hold the rod in such a way that the four fingers are now underneath the rod and the thumb on top. It is a movement that requires a certain skill of the fingers; many children tend to hold the rod at least with one whole hand and must be corrected to hold it with the fingers only. Many children not able to oppose the thumb to the four fingers hold the rod with the fingers pressed against the palm of the hand and many more children, even those who have already certain skill in the fingers are not able to perform the turning movement when the four fingers move below the rod and the thumb to the top of the rod. They do it with one hand first, holding the rod with the other hand and must gradually learn to do the turning movement with both hands simultaneously. That movement needs confidence

and awareness of the skill of the fingers. The sense of movement is extended into the movements of single fingers.

It is interesting to compare these exercises devised by Dr. Rudolf Steiner with those usually taught in any school gym class. It is apparent that what we do is to train the sense of movement (and position) whilst what is done in the gym class is to train the muscles. Most of the movements carried out in the gym lesson are based on the strength of grip, on the ability to stand straight, to run fast or to jump high. It is, of course, difficult to separate completely the two forms of training since each affects the other. Nevertheless we can make a distinction and it is important to bear this distinction in mind when exercises are done for a specific purpose.

If a child's sense of movement has not yet reached his hands or fingers, then it is of little use to teach him handwork. Anything achieved is purely mechanical movement which can be done without the sense of movement. What matters in handwork is, however, not to achieve mechanical ability, but to achieve improvement in the efficiency of the sense of movement. It is often advocated that backward children should be taught handwork, since, it is argued that because they are less good at intellectual activities they may be very talented at manual work. This argument is certainly false and has been quite rightly rejected by Sir Cyril Burt. The aim of doing handwork with backward children is the education of the sense of movement to a higher degree of subtlety and precision. Education of aesthetic appreciation is another aim. Handwork should be done, if possible without copying. But the creative impulse of the child can only be expressed by the hands and the fingers if the sense of movement is sufficiently subtle and precise. The success of handwork then shows the degree of aesthetical appreciation which the child has achieved. Copying or fitting stitches into a given repetitive pattern is easy to teach, purely mechanical, nice to show to parents, but of no educational value.

The remedial exercises that improve the sense of movement are of a special nature. They are not in any way an emotional outlet, nor in any way an imitation of animal movements; rather the reverse for they are movements which no animal can perform and they are also movements which are not the expression of emotional drives. They are movements of skill, which produce a result which has at first been conceived in the teacher's mind. It is perhaps correct to say that the highest perfection, the greatest subtlety in the sense of movement of the fingers and the hands is reached in writing or in playing some instrument. Obviously the person who can play an instrument reasonably must be musical, but many musical people cannot play any instrument. What is it then that makes a person who is musical able to express himself on an instrument. It is obviously a highly developed sense of movement. On the other hand we can see how defective this sense is in the normal adult

when we look at our handwriting. Even in legible handwriting certain involuntary movements distort the pure form that was intended.

The Sense of Balance

What must be carefully distinguished from the sense of movement is the sense of balance. Many abnormal children who have an excellent sense of balance are very deficient in their sense of movement. They can walk on a narrow strip of wood without difficulty; they can climb trees or run along the most complicated shapes; and what is most surprising is, that even if they are of otherwise very low intelligence, they can quickly do puzzles that many adults would find very difficult; but they cannot step and cannot clap even the simplest rhythms. In others again, it is the opposite. They can keep rhythms but they will always get confused if they have to run along a complicated shape; they cannot do puzzles, cannot walk along a narrow strip of wood; they cannot climb trees without grave danger of falling down. They have then a well developed sense of movement, but not an efficient sense of balance.

A simple shape that many children find very difficult to step out is figure eight. Those children without a well developed sense of balance will become confused at the crossing point and continue to run in one of the circles. Teaching children to run along a figure eight drawn on the floor, educates their sense of balance. Later on they can be introduced to more complicated figures with several crossing points and they will then improve further if they learn to run along these figures. At the same time they can learn to step rhythms and so simultaneously educate their sense of movement and their sense of balance.

Intelligence Tests convey something about the intelligence of the child only if the senses are well developed. That is obvious so far as sight and hearing are concerned, but it is easily overlooked in connection with sense of movement and sense of balance.

Psychiatric Social Work in a Mental Hospital

By M. CAMPBELL
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The rôle of the psychiatric social worker has been described very broadly as social work based on an understanding of psychology for purposes that are primarily therapeutic. In many hospitals this dual function tends to get lost sight of, the p.s.w's services being utilised for solving purely practical problems; her ability to deal with the more difficult cases requiring also internal adjustment,

with which she is fitted to cope both by her creative skill and her training, often being overlooked.

Although the number of p.s.w's is slowly increasing and more and more hospitals and clinics are being staffed, the work they do there still remains a mystery to the layman and to a good many doctors.

In writing this guide for the use of the uninitiated, I am indebted to Miss M. Janus, p.s.w. at Parkside Hospital, Macclesfield, for kindly supplying me, some years ago, with a list of duties, as she conceived them at that time, which forms the nucleus of the present notes. These notes are not meant to give an exhaustive account of the p.s.w.'s function; but merely to act as a guide to the diverse types of work which may come her way in a mental hospital.

At all stages of her work, the p.s.w. maintains a close contact with the psychiatrist, whom she can consult at any time. In many cases, she may find it helpful also to keep in touch with the ward sister.

The adult work of a social service department of a mental hospital may be divided into three categories, viz :—

(1) Work which the psychiatrist expects of the p.s.w.
(2) Work which the patients need of the p.s.w.
(3) Work which the relatives require of the p.s.w.

Courses of action arising from these three categories often dovetail and in some cases are different aspects of the same thing.

(1) Work which the Psychiatrist expects of the P.S.W.

i. *Social Histories on New Admissions**

The purpose of the p.s.w. in admitting the patient, after the formalities have been completed, is to obtain a social history from the accompanying relatives. If the patient comes alone, the p.s.w. will either visit the home within a few days or get a history when a relative visits. Obtaining the history provides the p.s.w. with a valuable starting point for her work of socialisation. At this stage she has the opportunity of observing the play of interacting relationships at a critical point in the patient's illness, which may indicate to her the method to follow in her further contacts during the patient's stay and after his discharge.

ii. *Arising out of the history taking, any social work (psychological or otherwise) found to be necessary for the welfare of the patient or his family.*

There may be antagonism to the patient or the hospital to be overcome, or faulty attitudes on the part of the visiting relatives, which need adjusting. The family may be in dire need; there may

*It is unfortunately true that some psychiatrists prefer to take the social histories themselves; others have a mistaken idea that the p.s.w's rôle begins and ends with history taking.

be children requiring care or, in the case of a lonely person, home and property may need safeguarding.

Arising out of the history taking also, the psychiatrists may need information from other sources than the informant who gave the history.

iii. *After-care of selected cases.*

After-care may mean (a) follow-up visits of a superficial kind; (b) regular contact over a short period of time, e.g. to enable the patient to regain confidence; (c) complicated, supportive care over a period of years as, for instance, in the case of discharged patients who still have a residue of mental symptoms, but are able to make a partial adjustment which does not prevent them working and managing to live in the community; (d) preventive work.

iv. *Follow-up and assessment of results of treatment in selected cases.*

This explains itself.

v. *Assessment of home situation (psychological or material) before discharge of certain patients.*

A clue to the possibilities on discharge may have been gleaned from circumstances revealed at the time of the history taking, or the situation may have changed by the removal or death of a relative. Adjustments may be needed in the attitude of the relatives so as to prepare the way for the patient's homecoming. Sometimes, more particularly in the case of certified patients, when the relatives are pressing for discharge which the psychiatrist considers inadvisable, the p.s.w. has the task of trying to encourage the relative to withdraw his request; e.g. the patient seems so well when the relative visits; the latter has no idea of the changes in behaviour that may be latent. These have to be patiently explained.

vi. *Co-operation with authorised officers, probation officers, housing managers, etc.*

It is important for the p.s.w. to maintain a good contact with the local statutory and voluntary bodies, who are then ready to approach her in problems involving patients still in hospital or discharged. In this way she acts as a liaison between the psychiatrist or the hospital and themselves, interpreting psychological difficulties, which one finds in practice is much appreciated by them.

vii. *Various work in connection with the employment of discharged patients—fixing up interviews, arranging for vocational training or a rehabilitation course.*

There is close contact with the local labour exchange in the placing of certain discharged patients; or the p.s.w. may hear of a job by some other means and will then approach the prospective employer herself, with the patient's permission, piloting both

through the introduction and subsequent negotiations. Employers appreciate her psychiatric understanding and promise of continued support, which have been known to influence their decision in patients' favour.

Patients whom the psychiatrist considers would benefit by a resettlement course, who need a refresher course in their trade or to learn a new one, are referred to the p.s.w. for guidance.

In all this work, some patients merely need help over the introductory stage, others a periodic contact throughout the course and, if necessary, afterwards.

viii. *Contact with certain patients in hospital in order to discuss employment or family difficulties.*

Problems of this kind may have been indicated by the social history or may have arisen during the patient's stay. Or perhaps the psychiatrist considers that though the patient is not yet fit for discharge there should be a talk with him about his plans for the future, so that the p.s.w. may prepare the ground in good time. Her interest at this stage can be of therapeutic value to such patients. There may be a question of a job being kept open or a female patient worrying about the care of her children. Problems of this kind can be investigated and relieved by the p.s.w's intervention.

ix. *Boarding out*† *(in Scotland)*

The p.s.w. tries to discover kind, understanding people in the country districts who would be willing to accept mild, chronic patients as boarders and maintains contact by regular visits. Her skill is important in the selection of suitable hosts and in the subsequent contacts.

x. *Out-patient clinic work.*

In some hospitals clinic appointments are made by the p.s.w. who may also keep the record of attendances. Where practicable, social histories are obtained from a relative either before or during the patient's clinic visit. Problems of a social nature, e.g. domestic, marital, employment, will be dealt with by the p.s.w. after discussion with the psychiatrist.

If the p.s.w. attends the clinic regularly, instead of only when necessary for pre-arranged interviews, her time may be wasted and she runs the risk of being used merely as a receptionist.

xi. *Recreational activities.*

The organisation of hospital clubs and socials is not properly

†Boarding out could be done with advantage in the rural areas of England and Wales and would relieve some of the overcrowding in hospitals.

part of the p.s.w's work, though some medical superintendents expect it. Where there are no social or recreational therapists to take this duty, clubs and socials can be run with advantage by voluntary bodies, such as the W.V.S. or other interested societies, with the p.s.w. acting in an advisory capacity. This proves an excellent arrangement as it opens the hospital doors to members of the outside world and helps to break down prejudices against mental illness.

(2) Work which Patients need of the P.S.W.

i. *Patients need an unbiased and understanding person to talk to, who belong to the "outside world" and who has insight into their personal difficulties.*

This observation applies more particularly to chronic patients. One of the strong points in the p.s.w's armoury is that patients identify her with the world outside. If they are infrequently visited or have no one, the p.s.w. can ease their loneliness by an informal chat. She can act as a link between patient and relatives or friends who may not be in a position to visit, e.g. infirm or elderly people. The p.s.w. may have the names of one or two local people able to act as voluntary visitors to selected patients.

New patients often exhibit anxiety about sickness benefit or insurance and may need help with business or domestic problems.

ii. *Organisation of transfer to convalescent home or rehabilitation centre.*

By her support and reassurance, the p.s.w. can help, over an anxious transition, the patient who may be well enough to leave hospital, but not fit yet to fend for himself in the community. (*See also* (1) vii)

iii. *Arrangements for informal group discussions with selected patients.*

While not specifically one of the duties of the p.s.w., she is willing to co-operate in the various forms of group therapy. Social therapy of this type is successful with a mixed group of neurotic patients who are in danger of becoming institutionalised and is sometimes a useful aid to diagnosis.

There are indications that social therapy groups are also of value in the rehabilitation of post leucotomy patients and schizophrenic patients who have had a successful course of insulin treatment.

In the analytically orientated group, the p.s.w. can take the rôle of observer and substitute leader.

iv. *Preparation for discharge. After-care where the patient desires it.*

Some patients dislike being reminded of the hospital once they have left it. Others appreciate the contact, regard it as a compliment and an indication that they are not just looked upon as a "case", but that a genuine interest is being shown. The question of employment may be tackled some time before the patient leaves hospital. As a rule patients' jobs are kept open for them. If the patient has been in hospital for a number of years or has never had a job, the problem of placing him may present some difficulty, particularly if he has no home and is alone in the world. The p.s.w's special skills can be of very real help in such conditions.

v. *Searching for lost relatives.*

Relatives of chronic patients may have lost touch or removed. The p.s.w. may be able to trace them and induce them to visit and take an interest in the patient. In rare cases tracing a relative may lead to the discharge of the patient to home care.

(3) Work which Relatives require of the P.S.W.

i. Relatives need someone to whom they can unburden their troubles; someone who can alleviate their anxiety and who can accept hostility. As well as reassuring the relative, an understanding approach by the p.s.w. is often of indirect help to the patient as well.

ii. In certain cases, relatives need help in resolving personal problems and faulty attitudes, which may adversely affect the patient. They may also need help over material matters. In the latter, the p.s.w. will be guided by the nature of the problem, whether it is expedient to deal with it herself or refer the relative to a social service agency better suited to coping with it.

iii. They also need someone who can explain the routine and purpose of a mental hospital and who can modify faulty attitudes to mental illness. The p.s.w. is often able to help here during the admission interview.

iv. Relatives need someone whom they can approach in times of special difficulty or disappointment during the course of the patient's treatment and at other times. E.g. the patient may seem to be making a good recovery and then has a relapse or develops a physical illness. They have been notified of this by the hospital but long for further details, which the p.s.w. is able to give in a less formal way, at the same time giving them some support.

Long after a case is closed, relatives may seek the advice of the p.s.w. on some new, unrelated problem. This is a measure of the value of the original contact.

v. Finally, relatives may need help in understanding and dealing with the patient before and after discharge. This links up with (1) items ii and iii.

A System of Daily Licence in a Colony for Mental Defectives

By JAMES C. ROHAN
(*Medical Superintendent, Coleshill Hall, Warwickshire*)

Historical Introduction

According to a story told to me more than once, "daily licence" originated in the institution to which I am attached in the following more or less accidental way. Shortly after the opening, in 1930, one of the lads admitted at this time strayed outside its grounds and found to his surprise that his brother was working as a labourer on the road just beyond the boundary. Our patient lent his hand to the work in an entirely voluntary manner—probably with the enthusiasm for any novel occupation which is so typical of the mental defective—and so pleased the foreman that he went back to the institution, to dinner, with an offer of employment for as long as the road was under repair in this neighbourhood. The pay was whatever the foreman offered, the patient returned to his meals and went out immediately after. He kept all he earned and was the envy of his fellows. In this unassuming way was started a system of training through employment out of our hands.

It was, however, in Agriculture that daily licence had its main development before the Second World War and here it appears too, to have arisen somewhat casually out of a social contact with a neighbouring "gentleman farmer." The news that a supply of labour was to be had at need, spread to other farmers and the demand was confined at first to "seasonal" work, such as potato picking, root cutting, etc. A third, smaller, source of outside employment, which I find to have been in existence before 1939, was that of handyman in the smaller hotels, clubs, etc., often obtained for themselves by adventurous boys on leave.

World War II and the fact that the institution was only half an hour distant from Birmingham led to a great expansion in daily licence.* The years of "Black Out" proved to be no handicap although, during the long winter months, the patients departed and returned to the institution in darkness, which can be pretty grim in the country. Pride of achievement may perhaps be given to the twenty or so lads who toiled in the Birmingham Gas Works over the War Years, doing some of the most unpleasant jobs in Cleansing Chambers, etc., although the penetrating odour which they brought

**The term* Daily Licence *to imply, as it does merely a limited parole for the purpose of working for some outside employer, with return at night to the institution, is much railed at by purists, but is deeply rooted in the usage of Staff and Patients and causes no ambiguity in practice.*

back with them at night and which defied bathing and change of clothing, tended to make them somewhat unpopular with their fellow-patients and the nursing staff.

The virtual impossibility of getting domestic help in private houses created requests to the institution for housemaids and cleaners and thus began almost imperceptibly a domestic agency for the supply of daily workers. An interesting experiment, which was quite successful for a time, was the employment of about a dozen girls in a small Birmingham Factory for the making of Cycle Repair Outfits. This job came to an end eventually owing to shortage of raw material at this particular factory.

It is of interest to record that an earlier experiment in supplying female labour to a factory was attempted some years before 1939 and failed after a short time, as the girls did not prove amenable to the discipline entailed. There was this difference, however, that the pre-War factory hands were carefully transported to town and back by an institutional vehicle whereas their successors of 1945 were treated as being on parole and travelled to and fro by bus. The development of daily household work in the neighbouring residential areas, at once easier to control and more popular with the patients, rendered it unnecessary to enter the factory market again with our women folk.

Daily Licence Roll for October 1951

The patients are employed as follows :—

	Coleshill Hall	*Marston Green Homes*	*Weston Colony*	*Total*
Males				
Bakers	2	—	—	2
Cinema Assistants	1	—	—	1
Coal Delivery	5	2	—	7
Factory Workers	7	4	—	11
Farm Workers	56	1	19	76
Fish Shop Assistants	1	—	—	1
Gardeners	4	10	2	16
General Labourers	8	—	—	8
Handymen	1	3	—	4
Licenced House Cleaners ...	4	—	—	4
Newspaper Delivery Boys ...	—	5	—	5
Painters' Assistants	1	—	—	1
Salvage Assistants	5	—	—	5
Saw Mill Workers	1	—	—	1
School Handymen	1	—	—	1
Total	97	25	21	143
Females				
Domestic Service	23	2	3	28
Total	120	27	24	171
Total of Patients in residence	452	622	208	1282

The Regulation of Outside Employment

Applications are made by prospective employers through the medium of letter or telephone. If, after consultation of Chief Male Nurse or Matron with the Senior Medical Officer, it is decided that the application can be met, two copies of the form "Conditions Governing the employment of Labour" are sent to the applicant, one for signature and return, the second to be retained. "The Conditions" is a list of 10 rules which deals with matters such as (a) the care of the patient who e.g. "on no account should be allowed to ride a bicycle or drive a horse, mechanical or motor vehicle whilst with you," be left alone in a house if a domestic, allowed to return to the institution alone if ill or having met with an accident etc.; (b) the recording of the hours of work in a book specially provided and carried by the patient; (c) provisions for the presenting of accounts weekly—"on no account is any money to be paid to the patients themselves" and the payment of National Insurance contributions; (d) disclaiming responsibility on the institution's part "for any loss or damage incurred by, or arising out of a patient's employment."

On receipt of the signed agreement the employer to be is then informed by letter when the daily licence worker is ready to start. This procedure is very much quickened of course in the cases of employers of longstanding, many of whom, especially farmers, phone up, merely the evening before, with request for e.g. a party of patients on the following morning.

Patients' Earnings

As many of you are doubtless aware the patient's share of his (her) net earnings i.e. after deduction of bus fares, canteen meals etc. is regulated by Ministry of Health decree. He receives as his portion the first 10/- earned and one-fifth of the amount remaining. This total earning due to him is placed to his account in the Patients' Bank from which he is entitled to withdraw weekly on request. The wages of daily licence and the payment for patient's work in the institution has enormously increased the yearly turnover and the balance in hand in the Patients' Bank.

The Benefits of Daily Licence

It is easy to record the gains to institution and patients alike from this system of wage earning in the Community. Indeed, given the dual problems which the Second World War has brought and to which one sees no solution in sight, namely over-crowding, and serious shortage of Nursing Staff, it is difficult to comprehend how one could have coped otherwise with the adult, doubtfully defective, but undoubtedly delinquently-inclined element which has so conveniently for themselves, been thrust into our care by the Magistrates Bench, Home Office, etc. How often has not the offer

of a job of outdoor employment terminated a discontented, uncooperative or sullen attitude which was causing the patient to prove a nuisance in his ward.

(i) It is acknowledged by the average patient as a fair deal with him, a fair chance to show what he can do and a verdict which he is willing to accept if he falls down at the job or misbehaves in any way.

(ii) It is an excellent testing ground both of capability and of character and this is true though the patient may not do the same kind of work when released later from institutional control. It can be described as a test on the plane of reality and possibly even superior, though, of course, supplementary, to the information given through observation upon behaviour in general or supplied by the reports from wards or institution workshops.

It may be of interest at this point to study the list of male patients who have been given full licence, during a period of ten years, from Coleshill Hall. Out of a resident, but changing, population of 240 men, 147 left the institution, though, unfortunately, all did not succeed in remaining outside. Of this total no less than 128 i.e. 87% were released from the institution through the medium of daily licence. It is not implied of course that, if the scheme of training through outside employment had not been invented, even a minority of these patients would have been retained in the institution. It is merely intended to show, where male patients at least are concerned, how deeply grooved is the path of progress viz. Occupation in the institution workshops or grounds—wage earning at an outside source—full licence to home, boarding house or employer.

(iii) It keeps the daily licence worker in close contact with the normal world and prevents him from becoming institutionalized. The qualities that make up character tend to become impoverished in the defective who leads too sheltered and monotonous an existence, and who has no ambitions or problems of adaptation to face. Our daily licence workers have to meet the hardships inseparable from ordinary occupations. It must be admitted that the records of daily licence are strewn with the "packing up" of jobs by weaklings, failure to turn up to work and occasional graver mischiefs but certainly the majority of patients have won through.

(iv) *The Monetary Advantage* is of course a considerable stimulus. Even now, when so much of the patient's earnings has been docked for maintenance by decree of the Minister of Health, daily licence leaves ample pocket money—15/- to £1 weekly—for the average worker. During the summer months are trips with their relatives to Blackpool, etc. during the August holiday week.

The handling of money before actually going back into the world affords a valuable training to the defective. One does not need to stress the help which the receipt of a wage gives in

promoting an interest in the person, the purchase of articles of private clothing, wrist watches, gramophones or the patients' wireless. It is something of a real tragedy that the present-day overcrowding on a patients villa does not allow adequate room to encourage the development of private property to the extent that is desirable.

(v) To sum up briefly other good points of daily licence. It helps to bring order and regularity to the defective's life, creates a sense of manliness and self-assurance and makes him socially more normal. Lastly, those who reach early adult life through growing up in the colony—and the increase in the number of children certified during the past decade makes this a very important class and one to which we owe a special duty—are introduced gently, as it were, into the world of labour and may well make a better adaptation than if left to the haphazard selection of employment by parent or Labour Exchange.

The Psychological Aspect of Daily Licence

The defective, though mainly limited in his capacity to the type of work that requires but little skill, often shows within this range an astonishing versatility, as may be discovered by a perusal of the very varying occupations which a single individual may have had over a long time on daily licence. His willingness to undertake unpleasant tasks, to put in, if required, long and arduous hours at e.g. coal haulage or salvage, and his responsiveness to direction are frequently contrasted favourably by his employers with the qualities of the duller normals, who are generally the fellow-workers of our defectives on these kind of jobs. Yet, persistence is not one of his strong points and the history of a patient before admission reveals only too frequently a career of drifting from job to job, leaving on his own accord or dismissals.

One of the greatest benefits of the system of daily licence is that it tends to promote an improved attitude towards work and to the Community generally which, gratifyingly, often remains hereafter as a permanent factor in his make-up.

To get the defective interested in his own future, to establish the habit of work and to create the desire to keep in step with the rest of the Community are not small achievements. Once attained, a patient is fit to be considered for a return to his home or to be boarded out and, if he continues on these lines, he is a worth-while member of society.

It is, of course, clear that the method of daily licence has its limits of success and that it cannot of itself cure deep-seated tendencies to delinquency, marked sex frailty in females or the persistent fickleness and irresponsibility of the very unstable and psychopathic. Hence, the history of its trial and failure in a considerable number of those eventually transferred to the State

institution for the criminally-minded and the existence in the Colony of the class of veteran daily licence workers, who are forever being found jobs, which after a time they abandon or lose owing to some misdemeanour. I may add, however, that I have not known any other method, either confinement to institution work, psychotherapy or the application of discipline through deprivation of privileges, to succeed any more effectively with these types of patients.

Difficulties and Stresses involved in Daily Licence

(i) *Inadequate Facilities*

In an institution where outside employment has sprung up more or less haphazardly and where no special housing has been provided for the daily licence worker there is created a strain on the existing administration which can be almost intolerable at times. A Villa constructed to hold 60 patients, but actually occupied by 80, with 3 staff at most on duty, is not readily fitted to entertain and bed-up one half of its population while the other half is returning from work, in small batches, on foot or by any of the buses between 5 p.m. and 7 p.m., often tired, hungry, workstained and in need of wash, food and recreation. As far as possible, outside workers are housed in one Villa but the relatively wide margin of casuals and "triers" does not allow of this being done entirely without interminable changes of Ward which irritates the patients.

Hostels for regular daily licence workers, Male and Female, equipped and run so as to resemble a home rather than an institution, preferably situated away from the colony itself and at no great distance from where the majority work, would seem to be the solution of the problem. It would :—

(a) Add a great meausre of deserved comfort to the life of the daily licence man or woman. Obvious advantages would be freedom for outdoor pleasures in the evening, ability to enjoy the indoor amenities of reading, radio and games without the interference of the many, greater security for private possessions, etc. (In the case of female patients, certain modifications would of course, be necessary for security reasons.) Such a hostel would provide a home for those without relatives, whose only escape from institutional life is often the somewhat chilly atmosphere of the lodging house.

(b) Relieve the Nursing Staff of an unfair strain in attempting to cope with internal and outside workers together. In a mixed ward of this type the successful development of daily licence is almost inversely related to the cleanliness of the Ward, though it is the overcrowding which is the chief enemy to tidiness.

(c) Give encouragement to the whole class of patients in training.

The matter is not quite so one-sided however. The segregation of the daily licence workers would deprive the Colony of a very invigorating influence. Despite their hours of work and travelling, often long, these men and women are the main support of the institutional athletics, games, concert parties, etc. Even the entry into the Ward in the evening of the City workers, with newspapers under their arms, causes a stir of interest among the other patients, who gather around them later to hear from them the news of the day, ranging from public affairs to a rise in the cost of cigarettes, bus fares, etc. The worker who goes outside the institution gates daily has often, unwittingly, quite an educative influence on his lower grade Ward Mates.

(ii) *Diminution of interest in the Teaching of Handicrafts in the Institution Workshop*

Does the strong development of daily licence promote the sending out into the Community of a race of unskilled workers, despite the existence of good Workshops and skilled, patient, instructors? In coming to any conclusion upon this aspect of the matter, one should not be misled by the sight of the creditable display of handicrafts from the Male Shops on "Open Day," for this admired output may be the work of a relatively few, old-established, patients (with a variable amount of help from the instructors.) I am of opinion that the work in the Shop does suffer from the competition of daily licence, with its substantially greater pay and other non-monetary advantages. Hence, the insistent claim of the promising carpenter, say, in training that his very merits in the Woodwork Shop deserves recognition by a transfer to daily licence, unskilled work though the latter be. Consolation may be found (i) in the fact of the rise of the labourer's wage in the open market almost to the level of the skilled man, though this may not always hold. (ii) In the belief that the defective tends to gravitate naturally to unskilled labour, irrespective of previous specialized training. This is perhaps an unduly pessimistic view to take, where a good pupil is discovered. What is needed is greater attention paid to the Male Shops by the authorities of our institutions, in order to improve the tools and machinery used in training and a better effort made to place the man who has learned a trade in a skilled job outside.

In this connection of the deprivation of the institution of its best workers through daily licence, one may recall the complaints of the gardener, who has to rely on very inferior patient material, a fact not always remembered when his grounds are criticised in comparison with Mental Hospitals.

(iii) *The Risks involved*

On the Patients' side from accidents at work. There has been a patient die from tetanus and one from a lightning stroke, both injuries received on outside farms. (Land Workers, whether employed on daily licence or on our grounds are now prophylactically immunized with Tetanus Toxoid). Patients have fallen off hay carts and frequently report with cuts and bruises from the farms. Factory machinery has amputated fingers and lacerated arms, eyeballs have been injured by metal fragments and fractures have occurred from falls downstairs in domestic service. The accident rate on the whole is a very small part of the total employed. Though defectives are not usually given the more lethal tools to work with e.g. tractors, cutting instruments, etc., nevertheless, many of those discharged from institutional care, appear to be employed upon the same machine jobs as are the rank and file of the factory population. Without figures of the accident rate in the community as a whole, to set up in comparison, I doubt if the higher grade defective is more than averagely liable to injury at work.

Risks to Ourselves. Here one acknowledges the undoubted frailty of the feeble-minded in the presence of temptation while freely paying tribute to the great majority who do not break faith and do wrong. Thefts from workshops, farms and private houses, indecent assaults predominantly on children, liasons of male and female daily workers with one another or of either sex with outside associates—all these mischiefs occur with a certain small regularity in our experience. Nor is it altogether a rare event to find a daily licence worker (almost exclusively male) who combines honest employment with the surreptitious removal of articles of clothing, bedding, towels, etc. from the ward for the purpose of sale in public houses. I have known more than once a criminal type to organize a scheme by means of which the simpler and more suggestible lads performed the actual thefts and handed over the goods to the master mind well outside the institution. At times one is appalled at the risks taken and yet while the "occasional" criminal defective, despite his recurring lapses, has perforce to remain mixed in with his more moral or emotionally stable fellows he has to a considerable extent to be treated the same as the others even so far as affording him the opportunity of repeated trials on outside employment. On the whole, the risks involved in sending patients on daily licence—to the Community and to ourselves—are similar in type but rather less than are incurred during the week-end parole. For myself, I am always grateful for the tolerance and understanding shown by the public and the Police Authorities towards the weaknesses of our patients.

Conclusion

Daily outside employment as an instrument of training is suitable only for higher-grade patients. Its beneficial influence seems uncontestable. It broadens the character and, by making them realise that they can work amongst and mix with ordinary people, creates the urge to act normally. It helps to inhibit the growth of morbid reactions which institutional life otherwise tends to bring.

Facilities for obtaining outside employment may not be available to all institutions. In the neighbourhood of Birmingham we have been fortunate that there has been a ready demand for our labour for many years. Nor has what is but a tiny encroachment of our patients upon the labour market of this great industrial city and its neighbourhood caused any resentment. This is mainly because our services have been sought in fields where ordinary labour is scarce e.g. agriculture, domestic service, handymen, messengers and in the employment of the owners of small factories and workshops. Public opinion might be very different if once again the figures of unemployment were to rise steeply.

Even now, from time to time, the cry of cheap or exploited labour of defectives is raised by genuine or pseudo-sentimentalists. It is true that the wages paid to our patients are usually less than the ordinary man or woman would demand. Indeed this is expressly allowed by the County Agricultural Board. The smaller wage is accepted, not desired, by us, for obvious reasons. Daily employment is valued predominantly, as an excellent form of Occupational Therapy. Rigidity in attempts to apply for higher remuneration would lead to a considerable shrinkage in the numbers employed, owing to the belief of the employers that in hiring the services of mental defectives they were dealing with material inherently less efficient than the normal, and it is of course true that the feeble-minded, in general, are slower, more stereotyped, have less initiative and require a certain constant measure of direction and supervision, even when they know the job, in comparison with their normal fellows. Besides, no inconsiderable part of our labour goes to provide personal service e.g. domestic, which could be dispensed with if it became more expensive. We are never quite free from the risk of the system of outside employment being wrecked as a result of this hostile criticism, which might become more intensified if our patients were seriously competing for jobs with non-defectives.

Problems such as these will have to be met, if, and when, they arise. While one would not wish to prophesy the future of daily employment one feels that it has come to stay, as a part of the life of our institutions and a method of curative therapy. Already in our experience it has proved to be a Royal Road to a return to the Community. While still travelling on it, the daily employment worker is deserving of the comfort of a home in recognition of his contribution towards the national effort and to his own recovery.

News and Notes

Toronto, August 1954

The Fifth International Congress on Mental Health organised by the World Federation, is being held at the University of Toronto from August 14th to 21st, when it is hoped that a large British delegation will be present. The theme of the Congress is "Mental Health in Public Affairs", divided into five sections: "Areas of Partnership in Mental and Public Health", "Mental Health of Children and Youth", "Mental Health in Governmental Activities", "Community Partnership in Mental Health" and "Professional Advances in the Mental Health Field."

Further information may be obtained from the N.A.M.H., 39 Queen Anne Street, London, W.1. There is no rigid closing date for applications, but it is desirable to book as quickly as possible in order to ensure hotel accommodation.

The International Association for Child Psychiatry meets in Toronto on August 13th and 14th to discuss "Emotional Problems of Children under Six." Enquiries should be sent to the Executive Officer of the Association, Miss Helen Speyer, 1790 Broadway, New York 19.

The International Committee on Group Psychotherapy is also taking this opportunity to hold its first international congress on August 12th and 20th in Toronto, full particulars of which may be obtained from Room 916, 1790 Broadway, New York 19.

World Mental Health

The Third Report of its Expert Committee on Mental Health has recently been published by the World Health Organisation.

It deals primarily with the question of the provision for psychiatric treatment which different types of countries should make. The minimum requirement for "emergency psychiatric in-patient care" in any community, however economically undeveloped (e.g. in tropical Africa) should be one psychiatric bed for 10,000 of the population; in Asiatic countries it has been suggested that there should be five psychiatric beds per 10,000: in the western countries, the number now usually available is three per 1000 (i.e. about 40% of the total hospital accommodation). When this provision has been made, the next step should be the development of extra-mural treatment facilities, both preventive and educational.

The various forms of provision needed are then discussed and the final and longest section is devoted to in-patient facilities and the essential characteristics of a modern psychiatric hospital.

The Report may be obtained from H.M. Stationery Office, price 2s.

Royal Commission on Mental Health Legislation

The Royal Commission on the laws relating to mental illness and mental deficiency has now got down to work. The chairman is Lord Percy of Newcastle and the members are as follows :—

> Mrs. Adrian, J.P. (President, Cambridgeshire Mental Welfare Association); Mr. C. Bartlett (President, Confederation of Health Service Employees); Mrs. Braddock, J.P. (Member of Parliament for Liverpool Exchange); Sir Russell Brain (President of Royal College of Physicians); Mr. Hylton-Foster (Member of Parliament for York and Recorder of Hull); Mr. R. M. Jackson (Reader of Public Law, Cambridge University); Sir Cecil Oakes (formerly Clerk of the East Suffolk County Council and now member of the Central Health Services Council); Dr. T. P. Rees (Medical Superintendent of Warlingham Park Hospital); Dr. D. H. H. Thomas (Medical Superintendent of Cell Barnes Mental Deficiency Hospital); Dr. Greenwood Wilson (Medical Officer of Health, Cardiff).

Both Mrs. Adrian and Dr. T. P. Rees are members of Committees of the National Association for Mental Health.

The Commission's terms of reference are :—

> "To inquire, as regards England and Wales, into the existing law and administrative machinery governing the certification, detention, care (other than hospital care or treatment under the National Health Service Acts, 1946-52), absence on trial or licence, discharge and supervision of persons who are or are alleged to be suffering from mental illness or mental defect, other than Broadmoor patients; to consider, as regards England and Wales, the extent to which it is now, or should be made, statutorily possible for such persons to be treated, as voluntary patients, without certification; and to make recommendations."

The Secretary is Miss H. M. Hedley and correspondence should be addressed to her at the Ministry of Health, 25 Savile Row, London, W.1.

The Nation's Mental Health

It will be remembered that in our last issue, we noted the publication of Part I of the Ministry of Health's Report and the information it included about mental illness and mental deficiency in 1952. Now comes Part II of the Report—"On the State of the Public Health"—by the Ministry's Chief Medical Officer with a chapter on "Mental Health" consisting of six pages.

The continuing increase in the number of admissions to mental hospitals is noted, and an example of this is given from the Three Counties Hospital, Bedfordshire, whose annual admission rate has risen from 351 in 1945 to 801 in 1952. An increase of this kind reflects of course, a rapid turnover of patients, and in discussing the design of mental hospitals, the Report stresses its relation to the changing type of cases with which they now deal. The older buildings were designed "for a community expected to be uniformly abnormal in behaviour" whereas the majority of patients are now "socially normal or quickly become so." Thus their social life

whilst under treatment should approximate to that outside the hospital, and in any new design it is suggested that some of the buildings providing social amenities, such as shops, cafes and hairdressing saloons, should be so arranged as to give the effect of a village street or square.

Attention is drawn to the developing provision for the treatment of mentally ill patients in units of general hospitals, of which there are now approximately 30, with 2,000 beds, in England and Wales.

The attention given in this chapter to Rehabilitation—including provision made by the Ministry of Labour and by Neurosis Centres —is a welcome feature. Attention is also drawn to the need for rehabilitation not only for mental and mentally defective patients returning to the outside world, but also for those who must remain more or less permanently in hospital, and the examples set in this respect by progressive hospitals such as Warlingham Park (Surrey), Claybury (Essex) and Darenth Park (Kent) are quoted.

The chapter ends with a brief reference to mental deficiency consisting of comments on incidence, guardianship and licence.

Psychiatric Community Care in Leeds

Under Section 28 of the National Health Service Act, the Leeds Local Health Authority has established a Family Consultation Service, intended for helping patients and their families where the illness is primarily a reflection of a disturbed home situation. During 1952, 32 patients were referred to the Service by general practitioners and by various agencies. Patients are seen by the social worker or psychiatrist and treatment for their illness is arranged where indicated. The home situation is investigated and the patient's difficulties are interpreted to his family.

As part of the Psychiatric Community Care service under Section 28 a Day Centre providing occupation therapy and rehabilitation for chronic psychotic patients has been carried on for several years. The need for such a Centre, however, has diminished with the development of the Ministry of Labour's provision for industrial rehabilitation and sheltered employment. The Centre was therefore closed in 1952 and the few patients still in attendance were transferred to the industrial centre for mental defectives. After-care of patients discharged from mental hospitals is carried out by the Authority's psychiatric social worker with the assistance of four mental health workers working from an office placed at their disposal by the local hospital. The Therapeutic Social Club continues to meet weekly.

To those who wish to know what a progressive Authority can achieve even under present conditions, towards the building up of a comprehensive mental health service, this Report can be commended. It forms part of the Annual Report of the Medical Officer of Health for 1952.

Industrial Rehabilitation Units

The more frequent use of these Units for high-grade mental defectives, particularly those who have received preliminary training in an Institution or an Industrial Centre, is one of the recommendations made by the National Association for Mental Health in the evidence it has submitted to the Ministry of Labour's Committee on Rehabilitation.

One of the Units which accepts such "rehabilitees" is Sheffield, and the Occupational Supervisor there (Mr. G. A. Palfreyman) has testified to their suitability for training, in an article published in the Ministry of Labour's "I.R.U. Notes," June 1953, from which we have received permission to quote.

Mr. Palfreyman has found that the majority of the defectives sent to the Unit fall into two main groups—the aggressive and the servile. The first group is characterised by "a determination always to be in the foreground" when anything they regard as a favour is distributed, the second by an inordinate desire to please and an exaggerated deference to authority. In between these two groups are the defectives who seem so normal in appearance and behaviour that, without close observation, it is difficult to discover where their subnormality lies. It is found that all of them are eager to begin a new life and the Supervisor has to allow for this enthusiasm if a correct assessment is to be made. The importance of such an assessment, from the point of view of the defective's future, cannot be overestimated if failure in subsequent placement is to be avoided.

Dealing with the response of mentally subnormal rehabilitees to training, Mr. Palfreyman finds that as a rule it is remarkably good and that they are eager to justify their presence in the Unit which they realise may be the first step towards discharge on licence from an institution. His experience is given as follows :—

> "Their application to work compares favourably with the average rehabilitee; they possess no grandiose ideas as to the type of employment for which they are suitable. I have found the majority of them good subjects for rehabilitation and, in spite of the somewhat limited range of work for which they can be recommended, I have no hesitation in saying that they are good, employable propositions."

In conclusion, Mr. Palfreyman draws attention to the need for close contact in such cases between the Unit and the local Mental Health Department, and advocates a modification of the normal follow-up procedure to allow of the necessary information as to progress, being obtained by personal enquiry carried out by the Unit's Social Worker in co-operation with the Local Authority's Mental Health Officer, instead of by letter.

A useful pamphlet describing the objects and work of I.R.U.'s has been published by the Ministry of Labour. The N.A.M.H. will be glad to send a copy to any reader who is interested.

Marriage and Divorce

We have been asked to draw attention to the evidence which was given to the Royal Commission on Marriage and Divorce by the Marriage Law Reform Society. This includes far-reaching recommendations, such as divorce after four years of continuous separation, divorce by consent and divorce for breach of good faith. It endorses the amendment to the Matrimonial Causes Bill, 1937, proposed by Lord Dawson of Penn to permit divorce where unsoundness of mind is established to the satisfaction of the court to be of the recurrent type, provided that five years has elapsed since the insane spouse was first declared to be of unsound mind. The Society further suggests that there should be laid down a general obligation to disclose all physical and mental defects or diseases suffered at any time and that it would then logically follow that, in addition to existing grounds, a decree of nullity should be given on grounds of wilful concealment of any grave physical defect and wilful concealment of insanity, mental deficiency or other grave mental defect or instability in the life of the party or in his or her immediate blood relations. Copies of the full evidence may be obtained from the Society's office, 20 Buckingham Street, W.C.2, price 6s. 6d. post free.

In furtherance of its work to help illegitimate children, the Society has recently produced a memorandum urging the legitimisation of children by subsequent marriage whose father or mother was married to a third party at the time of its birth. One of its arguments in support of the repeal of sub-section 2 of section 1 of the Legitimacy Act, 1926 to effect this, is that a conseqence of illegitimacy may be instability or delinquency.

It may be remembered that the evidence given to the Royal Commission by the National Association for Mental Health, made recommendations based on four general propositions: (1) That the criterion of the need for divorce lies in the irremediable destruction of the marriage relationship; (2) That the disturbance of the total relationship between the partners to a marriage should be assessed in arriving at a decision, and the isolated act of adultery should not be given over-riding significance; (3) That where the possibility of reconciliation exists and is desirable, delay in divorce procedure should be accompanied by suitable measures to bring about a rapprochement; when reconciliation is neither possible nor desirable, rapid settlement of the case should be effected; (4) That the interests of children during and after divorce proceedings should be more appropriately safeguarded, bearing in mind the emotional and material needs of the child. This Memorandum may be obtained from 39 Queen Anne Street, W.1, price 1s., post free.

In an examination of divorce statistics published in the Civil Text Volume of the Registrar-General's Statistical Review of

England and Wales for 1946-50, it is found that the following points emerge: (1) That childless couples have higher divorce rates than those with children; (2) That the sharp rise in divorce during the past 10 years was not confined to younger generations or to those married in the war years. (3) That the proportion of marriages terminated by divorce in 1911 was less than ¼% of the total number contracted 5 to 15 years earlier, in 1922 about ¾%, in 1937 about 1¾% and in 1950 about 7%. (4) That women married at younger ages have higher rates for dissolution of marriage in its earlier years than do those married at older ages, and that these higher rates persist at later years of marriage than in the case of women married at older ages. If the 1950 experience were to continue, 1 in 4 of women marrying at ages 16 to 18, 1 in 10 at ages 19 to 22 and 1 in 16 at ages 23 to 27, would have had their marriages dissolved before they had lasted 20 years.

Parliament and the Mental Health Service

A debate of great interest, though carried on in a thinly-attended House, took place on Friday, 19th February on the following motion proposed by Mr. Kenneth Robinson (member for St. Pancras North):—

> That this House, whilst recognising the advances made in recent years in the treatment and care of mental patients, expresses its concern at the serious overcrowding of mental hospitals and mental deficiency hospitals, at the high proportion of obsolete and unsuitable buildings still in use, and at the acute shortage of nursing and junior medical staff in the mental health service, and calls upon Her Majesty's Government and the hospital authorities to make adequate provision for the modernisation and development of this essential service.

In a speech which evoked many tributes, Mr. Robinson surveyed the whole field of the treatment of mental illness and mental deficiency and drew attention to the many reforms needed to keep pace with the revolution in medical science that has been such a striking feature of the years since the passing of the Mental Treatment Act in 1930. A number of members with intimate knowledge of the subject took part in the five-hour debate which was welcomed by the Parliamentary Secretary to the Ministry of Health as being an outstanding and invaluable contribution to the campaign for the Mental Health service.

The many useful facts and figures which emerged should be studied in Hansard (H.M. Stationery Office, price 9d.) by everyone concerned with the subject.

Clinics for Backward Children

The need of special out-patient clinics where mothers of young backward children may obtain expert advice, is beginning to be more widely recognised even though opinions differ as to whether they should be provided by Hospitals or by Local Authorities.

In the current Report of the County Medical Officer of the London County Council reference is made to a clinic for backward children under school age, set up at the beginning of January 1953, as an experiment. Sessions are held once a month, conducted by a medical officer with both mental deficiency and child welfare experience, and the services given by the ordinary maternity and child welfare clinic are provided.

The experiment has been welcomed by parents and the opening of further Clinics is planned.

On Adoption

Three publications on this subject have reached us recently.

From the International Union of Child Welfare, Geneva, comes a "Study on Adoption of Children" published by the United Nations Department of Social Affairs, containing information based on replies to a questionnaire on adoption practice sent to the Union's member organisations and other child welfare agencies in a number of countries. The material is arranged under various headings, e.g. Adoption Agencies, The Adopting Parents, The Child and his Parents, Legal Completion of Adoption, with a preliminary chapter on historical development and general trends. The Report can be obtained through H.M. Stationery Office, price 5s.

This enquiry was carried out at the invitation of the United Nations Organisation who have since published a Report under the title "Joint UN/WHO Meeting of Experts on the Mental Health Aspects of Adoption," setting forth basic principles and conclusions reached as a result of a study of the subject—conclusions which would be generally accepted by child care and mental health workers in this country. The need for special training and selection of social workers appointed to deal with adoption is stressed, and the Report recommends that the UN and WHO should assist in the development of training where required.

The third publication is the Report of a Residential Conference held by the Standing Conference of Societies Registered for Adoption, at Roehampton, Surrey, in July 1953. This includes papers on "Co-operation between Adoption Societies and Local Authorities" by Mr. K. Brill; "Co-operation in Case Work" by Miss Hugh-Smith; "What about the Natural Mother?" by Miss Younghusband; "Heredity as it concerns Adoption" by Professor Penrose; "Difficult Placements" by Dr. Hilda Lewis. In a closing address Dr. Winifred Doherty summed up the proceedings.

The Report may be obtained from Mr. A. Rampton, Gort Lodge, Petersham, Surrey, price 5s. post free.

An Experiment in Preventive Social Work

The Redvers (Anvil) Club, Hoxton is the successor of the "Barge Club" at Wapping and the Nissen hut in which it is held was given by a generous supporter of the Club. It was opened in the autumn of 1952 for the benefit of the type of boy deemed to be "unclubbable" and a disruptive element in any ordinary Youth Club which he might from time to time frequent.

After an experimental period when the Club was run by voluntary workers only, it was found that a full-time Leader was essential.

> "The immaturity in behaviour and outlook of these boys, many of whom have come to be regarded as dangerous thugs, had been frightening. They gave the impression of a reversion to the age of a childhood they had missed, to the age of cowboys and Indians, and sometimes to an even earlier age of uncontrolled passions. It seems probable that without a single full-time leader, they were unable to find the stable relationship of friendship and trust which is the essential prerequisite of active club membership."

The Club now deals with two main groups, boys aged 12 to 15, and 9 to 11. Other members of the family also are made welcome and frequent visits are paid by parents. It is felt that the enterprise is now firmly established, but the problem of "how to make demands on those who have always pleased themselves and are in consequence intensely selfish" is one to which a solution still has to be found.

Further information may be obtained from the Warden, Redvers (Anvil) Club, Redvers Street, London, N.1.

Neglectful Mothers

In February 1952 a scheme was started at Birmingham Prison with the co-operation of the Local Education Authority, the Public Health Authority and the Children's Committee for the training of women sentenced for neglect of children. Women considered suitable, are transferred from other prisons for intensive courses of training in home management and child care which they receive in a hostel set apart for the purpose. Five courses, for 12 women at a time, were held during the year and special arrangements have been made for long term after-care through Women's Voluntary Service "friends." An Appendix to the current Annual Report of H.M. Prison Commissioners gives a preliminary report of the project which though full of difficulties is considered already to have achieved substantial results.

Reviews

The Living Brain. By W. Grey Walter. Pp. 209. Gerald Duckworth. 15s.

It is not possible in the space of a brief notice here to do any sort of justice to this remarkable book. Its author's name is, of course, enough to indicate that it deals with electroencephalography, but no one should suppose that this is all it does. Dr. Walter discusses the information this new technique has made available on the process of learning, and in his phrase on "intimations of personality." This is, of course, a long trek from the view, still all too common, that E.E.G. can be used to detect epileptics and a few psychopaths. The whole mechanism of the brain has been opened to fresh study; and the first fruits are being presented here.

The author's style is worthy of his subject; it is always clear and assured; but it also scintillates with many a beautifully turned phrase, or allusion, which explain or underline, but never distort, his scientific statements; even doggerel has its place in clarification.

Many will find his last chapter most stimulating of all: "The Brain tomorrow." We see to our horror the pace of life increasing, in scientific work as it does in all else; and "the root of this evil is that facts accumulate at a far higher rate than does the understanding of them." Many, who struggle to keep up with these facts, will be only too anxious to end this bondage. How is it to be done? "The remedy," says Walter, "would seem to be to avoid burdening human brains with mechanical tasks." Instruments can be planned to help this; and we await their introduction. We can also perhaps do some pruning on our own if we use our sense of proportion.

Reading this book might be the first step to doing so.

R. F. TREDGOLD.

Psycho-Analysis and Child Psychiatry. By Edward Glover, M.D. Pp. 42. Imago Publishing Co., Ltd., London, 1953. 6/-.

The publisher's "blurb" claims that Dr. Glover's 12,000 word monograph is an attempt at a systematic classification of the mental disorders of children. "The concepts of 'psycho-somatic disease' and of 'child-psychosis'" the "blurb" continues hopefully, "are examined in some detail and their place in a hierarchy of pathological formations clarified." We are also told that the scope and limitations of psycho-analytical technique in the psychiatric treatment of children are indicated and explained. All of which is a tall order for such a short work.

The author's own definition of aim is more modest; no detailed account is attempted either of normal development or of the various

mental disturbances incident to childhood. "It is intended rather to consider certain broad principles of analytical approach, and to apply these in the diagnosis, classification and treatment of clinical disorders." His view is explicit that the technique of psycho-analysis as applied to adults and older children will have little or no value under the age of 3½ years, and he draws attention to the urgent pressing need for more observation of child development, especially in very early infancy.

The basic scheme is to consider the infant in terms of: (a) its dominant instincts; (b) its dominant mechanisms; and (c) the primitive differentiation of its structure. It is a matter of importance to remember that the personality of the child must also and always be specified in terms of the stage of development reached. This promising start comes to nothing, however, for the classification of children's mental disorders which is indicated is far from being adequate; it has little obvious relation to a detailed system of psychopathology, nor is it easy to conceive the use to which this classification can be put in clinical practice.

Why has this come about? Foremost among the reasons is that the author has set himself an impossible task to achieve within the small compass of a monograph. If a system of classification is to be widely acceptable, it must be based on a large body of established and accepted knowledge of psychopathology of childhood. Such a body of knowledge does not exist, and the fact that no one has yet successfully undertaken more than a very small part of the task of recording and codifying the clinical phenomena arising in the mental disorders of childhood, for relation to development and pathology, may well explain Dr. Glover's failure; it might, perhaps, have discouraged the attempt in its present form.

Even if regarded as a working hypothesis, the proposed basis of classification has two serious shortcomings: first, it appears to take little account, other than the mere reference quoted above, of the effects of the phenomena of development itself on a developing animal. Secondly, it ignores that wide field of influence which, for want of a better definition, might be described as the demands which the environment makes on the human young: demands as varying as those of the force of gravity and those of certain families which insist, for example, that a child does not cry after a minor hurt, "because Daddy is a soldier".

Apparently unperturbed by the immensity of his self-chosen task, Dr. Glover has also seen fit to introduce some more or less irrelevant controversy. To remark that "strictly speaking, child psychiatry was itself a by-product of psycho-analysis" is to run the risk that all subsequent discussion stimulated by the monograph will be about this claim rather than about the classification. Again, a situation can be conceived in which there is more time and space in which to attack the views of Melanie Klein.

The debt which child psychiatry owes to psycho-analysis is immense; but if psycho-analysts, as a class, were to prove as receptive to and as aware of modern clinical studies in child psychological and pathological development, as child psychiatrists have been to psycho-analytical concepts; much of this debt might be cancelled out. Then there might be a more general advance away from the complex theoreticism of which this monograph is an example, to those detailed studies of the very young child in his environment, to which Dr. Glover has referred. KENNETH SODDY.

Curative Hypnosis. Edited by Raphael H. Rhodes. London: Elek Books Ltd., 1953. Pp. 270 and Index. 17/6.

There was a time when works on Hypnosis were associated with French names like Charcot, Liebault, Bernheim or British names like Elliotson, Esdaile, Braid but this book contains articles mainly by Americans. Hypnosis has made great strides in that country and is used particularly at the famous Psychiatric Menninger Clinic at Topeka, Kansas. I would like to see it more widely used here.

The book consists of essays upon the use of hypnosis for the therapy of psychosomatic and psychiatric disorders, obstetrics and gynaecology, speech disorders and a number of miscellaneous conditions like insomnia and obesity.

As the book is a symposium of different authors a review of a few of the different writers rather than the book is indicated.

In the first article by the Editor R. H. Rhodes there is a clear and concise account of hypnosis : what it is and what it does. This is recommended to the followers of conventional medicine who are opposed to this branch of psychotherapy. Two cases are reported where hypnotism using the techniques of memory recall, dream induction, crystal gazing for probing of the subconscious mind resulted in curing these cases weeks or months sooner than if psychoanalysis had been used. After the first World War there were so many cases of Traumatic Neurosis in soldiers that Freud himself, the founder of psychoanalysis, declared, that if psycho-therapy was to be of any help, it would have to be used in conjunction with hypnosis.

The chapter by Kubie and Erickson on hypnotic treatment of a case of hysterical depression is good.

The article by Professor Wolberg—hypnosis in reconditioning—teaches how habits which a patient finds difficult to break such as excessive smoking, drinking, eating are gradually broken by replacing the pleasure feelings associated with these habits with disagreeable emotions in the effort to get the patient to abandon his habit.

This book can be recommended for practitioners of hypno-therapy but is not advised for the uninitiated. A. P. MAGONET.

L'Accord des Sexes. By Oscar Forel. Payot, Paris. 900 fr.

Dr. Forel presents his book as an attempt to provide information for young people and their instructors so that they may form their own opinions on the vexed and complicated question of sex. It is an adult book giving full biological facts, discussing psychological factors and fearlessly facing the social implications of sexual behaviour. The scintillating French reflects a mind which is lit by a warm humanity and enriched by wide experience as a psychiatrist.

Normal sexuality is described as it develops in man and woman, and the attempt made to integrate the biological structure into the social and moral order. The hypocrisy of the contrast between our ideals and our practice is exposed and the differences between the codes for men and women explored. The biological differences which make for woman, sexual experience the centre of her life, while for man it may be a temporary episode, is shown to have psychological counterparts, yet her tendency to associate sex with sentiment is not so different from his "amour supérieur," so that the two may join in an equal union.

This high ideal of marriage in which esteem and friendship are added to passion and each freely gives himself to the other and the whole personality is valued, serves as a touchstone to gauge the development of man and woman. If they are not capable of this relationship they have failed to mature satisfactorily because of unfortunate experience or constitutional factors which have intervened. The many causes of unhappy marriage or faulty sexual relationships are seen to be in the complete personality of one or both of the partners. What a relief to find man and woman here seen as a whole and not restricted to cases of "faulty techniques," as so often portrayed in books on sexual problems.

A common factor is found in perversions, in that sexual satisfaction is limited to an object, and not extended to the whole personality. It is one person inflicting his desires perhaps on a depersonalized object and not the coming together of two partners. Here Dr. Forel makes a distinction from homosexuality where there often is devotion between two partners but they are of the same sex. He distinguishes between those who find their unique satisfaction in this way, those who are casual homosexuals because of circumstances, and those who are vicious and blackmailers. The bisexuality of all human beings, which is psychological as well as physical, makes the subject peculiarly intricate, but it is important that Dr. Forel does not place homosexuality among the other perversions.

As a male writer who wishes to describe fairly woman's psychology as well, he has quoted largely from three women psychologists. The introduction of a different and feminine style

reinforces his own subtle understanding and he does not hesitate to join in the battle. Social issues are not baulked and he demands the right of a woman to take full responsibility for her own body and its sexual relations. She should practice birth control as she wishes, and more than this, he would allow medical abortion for social as well as medical reasons and here speaks with the authority of a doctor authorised to give the second opinion which permits abortion in Switzerland. A logical sequel is that he would remove the handicaps from the illegitimate child and help unmarried mothers to keep their babies if they so wish.

These courageous statements should give rise to discussion and appropriate action. The book is an unusual combination of scientific and psychological truth and social challenge. Each one of us has to deal with sexual problems, both as an individual and as a member of society. Fears, prejudice, hypocrisy, ignorance, prevail; how are we to take up our responsibilities? ROBINA S. ADDIS.

Parents and Children. By C. W. Valentine. Methuen. 10/6.

This is a vigorous and controversial book. Professor Valentine asserts that "plain common sense—the acquisition of knowledge of the conduct and experience of human beings which comes from a wide experience of life" is a useful asset to the psychologist. He has a poor opinion of the Oedipus Complex, listing it in the Index, as "Oedipus Complex (supposed)." He believes in the individuality of each child, and even suggests that some can benefit from corporal punishment.

The book covers a very wide field—general psychology, child development, intelligence tests, and abilities. It is hardly suitable for the parent who simply wants straightforward elementary advice on child management, but the educated parent who wishes a background of theory as well as practice, should find in it both enjoyment and profit.

Psychology in the Nursery School. By Nellie Wolffheim. Gerald Duckworth. 9/-.

This book has been written by an ardent Freudian. The word "Psychoanalytical" is scattered over every page. Some very ordinary actions of the nursery school age are distorted by this obsession, especially in the chapter on "Erotically Tinged Friendships." To give one example. A girl is cutting off a boy's hair with scissors. "The passive behaviour of the boy showed he was sacrificing his masculinity for the sake of her love."

There is much that is sound and helpful in this book, though little that is new. The average teacher is, I think, likely to be baffled by so many Freudian terms, even though a glossary is given. The clumsy translation further detracts from its usefulness.

The Spiritual Development of the Child. By Agatha Bowley and Michael Townroe. Livingstone. 6/-.

This is a book for which there is a great need. It is sadly true, that, though the Churches have excellent publications on this subject, the great majority of people are suspicious of them, because they feel that the Churches are naturally in favour of religion.

This book is the result of the collaboration between a well-known psychologist and a parish priest. The essential beliefs of Christianity are unequivocally stated. It is shown how the spiritual development of the child must be in step with his mental and emotional development. Above all it is made clear that the home plays a vital part in spiritual development as in all other spheres. Only if the child has known love in his home, will he find it easy to believe in the love of God.

The matter of the book is excellent. Its style, unfortunately, is rather dry and didactic.

I. M. STIRLING.

An Introduction to Jung's Psychology. By Freda Fordham. Pelican Books. 2/-.

This easily read and simple book has a tribute from Jung who refers to the difficulties of extracting his theories from the mass of comparative material with which his works abound. The historical and ethnological background against which he measures his hypotheses provide bewildering side-tracks but the author has kept steadily to her chosen path.

For the general reader, it is the impact of the collective unconscious on the individual with its mysterious archetypes and the activities of the animus and anima which may present most difficulties. Theories from Eastern philosophy and references to Yin and Yang and Mandala add to a sense of mystery and the necessity for an act of faith for understanding. It takes long and deep study to assimilate the Jungian outlook which is of necessity complicated, allusive and comprehensive, and for this reason, the very simplicity and clarity of this book makes it seem somewhat arbitrary.

Mrs. Fordham presents Jung's teaching persuasively and gives an impression of the greatness of the man who has worked out more than a system of therapy, indeed he has achieved a philosophy of life. This is his particular contribution to the middle-aged and old. To them he speaks as a friend who understands the continuous striving demanded by life and who humbly offers a way towards achieving lasting values.

ROBINA S. ADDIS.

The Hygiene of Marriage. By Isabel Emslie Hutton, M.D. 9th Ed. Heinemann. 7/6.

This is the ninth edition of a small book first published in 1923. Its aim is to remove the ignorance still prevalent about all aspects of married life, but it deals in fact, largely with instruction on sexual behaviour. Clearly it has been found useful by the lay public in the past and will remain so, for it is concise, simple, clear and helpful in most of its course. But it will provide little help on emotional problems which are not related to sex.

The chapter on "Preparation for Marriage" is, however, badly in need of revision: at present it is no credit to the book. Lady Hutton says: "it is impossible to sermonise or to be dogmatic" but she nevertheless manages to be the latter, and her dogmatic statements leave her readers in no doubt. But doubt is sometimes better than error: and her opinions on feeblemindedness, epilepsy, the neurotic temperament and alcoholism are not accepted now by the authorities concerned, even if they were in 1923. Her wisest advice in this chapter is that a specialist should be consulted. It would be better to leave it there than to indulge in such generalisations as "Marriage (with a feebleminded person) . . . is not even permissible where one parent is perfectly normal, for in addition to almost certain inherited feeblemindedness in the child, the environment of the home is sure to be unsatisfactory. . . There is nothing surer than that the feebleminded reproduce their kind . . . No woman subject to epileptic fits should think of marrying." This chapter is also marred by loose thinking and unproved premises. "Nocturnal emissions are perfectly normal unless too frequent." How frequent? "There is scarcely any reason why the normal young man should not strive to be continent." If she means *no* reason, why not say so? "In the cases in which women do not develop strong sexual instincts after marriage, there is little chance of health and happiness in the union." Lady Hutton must read some biographies. All this is a pity in a useful book.

R. F. TREDGOLD.

It's Not All in Your Mind. By H. J. Berglund, M.D. and H. L. Nichols, Jr. North Castle Books, Greenwich, Conn. U.S.A. $3.95 cents.

This is not a book which can be recommended; it is written in a facile, jocular, and superficial vein, except where it is dealing with allergy, which is the principle interest of the medical member of the pair of authors responsible. Outside the subject of allergy, the book gives the general impression of being all too often ignorant and irresponsible, most of all in its relationship to psychological medicine, to whose exposition it devotes considerable space but neither balance, judgment, or evidence of real understanding.

Nevertheless it is not without interest for the reader with a background of general medicine and psychiatry. This is because it illustrates how rapidly the wheel has come full circle in America in regard to the status of psychiatry, and demonstrates the inevitable shift in ground thereby imposed upon those who are sincerely concerned to keep psychiatry in its place. Twenty, perhaps even ten years ago, the argument most frequently employed by psychiatrists with a training in general medicine, against the conventional attitude of the internist or surgeon towards psychiatry, was a vigorous exposition of the dangers and fallacies implicit in the view that when objective physical findings and laboratory reports were substantially negative, there could be nothing wrong with the patient no matter how severe his symptoms. Psychiatrists felt bound to insist that the patient was a whole human being, and that to him, the way he felt was the most important aspect of his existence. It is now fascinating to see that in this particular book this precise argument, worded exactly in this way, is put forward as a reason for rejecting the psychosomatic approach to a number of illnesses, the suggestion being made that to make a diagnosis implying a psychosomatic basis to an illness is virtually the modern equivalent of branding the patient as a malingerer. In this context the authors have felt able to express the hope that their work will contribute to the health and happiness of patients, "by lifting the stigma of neurosis," from them. Implicit in what must be regarded as the central failure of this book is the authors' basic misconception of the whole position which they seek to attack. Perhaps the easiest way to illustrate the nature of their misconception is by one or two brief quotations.

> "A psychiatrist is a mind doctor who usually specialises in the study, care, and treatment of the insane. Most of them will be inclined to deny this vigorously. In the first place 'insane' is definitely not a nice word, and the decency of public use of the word 'mind' is now being called into question. The psychiatrists prefer to think of themselves as doctors of the whole person, body and uh – uh – mind.
>
> A psychotherapist is a person—doctor, psychologist, psychiatrist, or social worker—who specialises in the study and treatment of psychogenic mental or physical disorders.
>
> An analyst is a special sort of psychotherapist who is interested in the cure of neuroses."

The chapter in which this masterpiece of ineptitude appears is completed by brief and equally superficial dissertations on the various schools of analysis and their attitudes. Freudians receive two and a half pages, the "Jung theory" is dismissed in nine lines, Adler and Rank are disposed of respectively in eight and five lines, and are followed by Harry Stack Sullivan, Erich Fromm, and Karen Horney over the next couple of pages. A little further on,

psychotherapy as a whole is dismissed in three-quarters of a page and there are later sections of about the same length devoted to what are called "Short-cuts," "Rorschach," "Shock Treatment," "Brain Surgery," and "Mind or Matter?"

The underlying theme of the book is that most illnesses are essentially unrelated to emotional mechanisms to a significant degree, and the case against indiscriminate psychosomatic enthusiasm is over-stated with even more extravagance than its most intemperate advocates could display in support of it. As might be expected the book abounds with special pleading and anecdotal evidence, and it is written with a kind of brash, arrogant, and confident ignorance which can only be attributed to the fact that the literary author of the work, who actually composed the prose of which it is made up, has no medical knowledge, but was seeking to convey the views of his wife, a qualified doctor who "specialises in problem cases of allergy." She is presumably less articulate, but the work might conceivably have carried more impact if it had been written by its real author.

A review amounting to a castigation, written by a psychiatrist, about a book which is critical of psychiatry, must obviously suggest bias. I can only plead that no bias is necessary. Any reader rash enough to lay out the sterling equivalent of 3 dollars 95 cents can verify the criticism for himself. But as I have said, neither the experiment nor the book itself can be recommended.

D. STAFFORD-CLARK.

Understanding Stuttering. By A. B. Gottlober, Ph.D., Director, Los Angeles Speech Correction Clinic. New York: Grune & Stratton. $5.75.

This is a useful book. It is intended to help all stutterers who are cut off from access to a speech therapist and the author claims that out of 1,000,000 stutterers in the United States, only approximately 10% have access to professional help.

Dr. Gottlober recommends four main therapeutic procedures, to wit:—

Education (*the patient must understand the cause and nature of the disorder.*)
Reconditioning
Relaxation
Psychotherapy

As he is a psychologist, he believes that the basic and important technique is psychotherapy. He names the rest, however, "effective supplementary methods" and considers them important contributions to the successful treatment of the "whole person".

There are interesting chapters on Personality patterns, on misunderstanding of psychological teaching (how necessary it is to

draw attention to this!), and on "Body Build" associated with stuttering. The book contains eminently practical directions for treatment. It avoids the use of scientific terms and is written in a vivid and amusing style. It should, indeed, be of great value to the sufferers for whom it is intended.

MARION FLEMING.

Paint your own Pictures. By Norman Colquhoun. Penguin Books. 2/-.

In these days when everyone seems interested in "art therapy" this book is very timely and it is of special interest to our readers that the author has had considerable experience with psychiatric patients. He has dedicated it to Dr. W. J. T. Kimber.

There is much of value in this small book, but I cannot feel that Mr. Colquhoun has achieved the aim he set himself. In his Introduction he says: "This is a book for those who would like to paint, but have no idea how to begin; and perhaps more especially for those who mistrust their ability even to make a start. . . . The real difficulties of the beginner are not so much inherent in the materials and the medium, as in himself and his mental approach." In spite of this, however, it is heavily weighted on the technical side.

In his opening chapters particularly and elsewhere, the author addresses himself to the beginner who is inhibited, who is "scared by the whiteness of the paper," etc. In these passages Mr. Colquhoun lays himself out to reassure. He is encouraging—often liberating—and he gives sound, practical advice. He obviously inclines to "free" painting himself, but he has a special word for the beginner who is put off by this very freedom, who feels bound to make everything neat and tidy. Here again Mr. Colquhoun is reassuring and encouraging. He says in effect: "Do it the way you must then, but do make a start." All this is excellent but then he goes on to give so much information with so many technical details.

These technical details are sound, practical and interesting in themselves, but one could wish that the author had written two short books: one in which he could have considerably expanded his practical advice on how to obtain desired effects, and the second for the person who has already made a start with painting and who wants to know more of the technical side. Here he would find Mr. Colquhoun most helpful, particularly perhaps with suggestions for improvisations which will save him much unnecessary expense. But to try to combine these two aspects of the subject in one short book is surely a mistake.

S. A. TOYNBEE.

Love, Hate and Reparation. By Melanie Klein and Joan Riviere. The Hogarth Press and Institute of Psycho-analysis. 8/6

This short book, which was first published in 1937 is now reprinted. It is No. 2 of the Psycho-analytical Epitomes. It is not an abridgement of a larger published work but consists of two lectures with the original Preface by John Rickman.

It is good that these concise, non-technical lectures are again easily available. The authors speak with authority and need no introduction to any one with a nodding acquaintance with the psychology of children. Readers must not be put off by a certain dogmatism; for the evidence on which the writers' conclusions are based they must consult their larger, more detailed works. To the layman the book is refreshing in that it is not concerned solely with pathological manifestations but traces out how the normal person deals with his inevitable mental conflicts and reaches a sort of balance between the destructive and constructive elements in himself.

S. A. TOYNBEE.

Humanly Speaking. By Eustace Chesser. Hutchinson's. Pp. 219. 8/6.

Dr. Chesser's books are well known as stimulants to the layman to think more deeply and clearly on his own behaviour, and this one will no doubt be as successful as its predecessors. It lacks something in connected thought, for its "chapters" are in reality different lectures given to a wide variety of audiences and necessarily pitched at different levels under titles by no means mutually exclusive. The book is thus best read as a series of essays and these include, as in the author's other writings, sex and society, the relationships of adolescents and marital problems. The discussions on abortion, homosexuality and punishment are all objective and generally sensible, though they do not go very deep into the emotional attitudes which, as Dr. Chesser says, surround these topics.

He departs a little from his usual clarity on corporal punishment.

> "Instead of making it a judicial ceremony, I would have it interpreted as the traditional "good thrashing" to be meted out by the appropriate authority when and as necessary."

Just what does he mean? The parents perhaps are meant to give it but "these offences can be traced to a bad background."

An introduction to psychology is thrown in for good measure in 16 pages.

Perhaps the publishers' blurb: "It would probably be no exaggeration to say that this is one his best books. It is certainly a book that no thinking person can afford to be without," slightly over estimates its value.

R. F. TREDGOLD.

Letters to the Editor

Dear Sir,

There can be little doubt that the National Association of Mental Health has considered, and will continue to consider the problem of breakdowns in health—especially various forms of nervous breakdowns—in all sections of the community, and particularly amongst those who either cannot afford to take extra time off, or who do not know how or when to relax.

Many of them do not understand the first signs of the degree of strain and tiredness that will cause them harm, and quickly or gradually lessen their ability to 'carry on.'

Various reasons are at the root of such troubles—according to the circumstances, and temperament of each individual. Maybe there are family difficulties, worrying and haunting fears of one kind and another; ignorance, or laziness regarding health, hygiene, or food; lack of grip and understanding of emotional, spiritual or material principles. The fact remains that pause for advice and often for rest, and possibly treatment within their means, and to fit the circumstances of each person concerned, is today a crying and obvious need.

Would it be possible for the N.A.M.H. to undertake wider publicity *very simply expressed* through many appropriate channels, in order to bring before *all* sections of the public knowledge of many danger signals and also to cast a light on signposts pointing the ways to health, and happiness and rest before a breakdown occurs?

Most of us have met over-tired folk who have expressed their regret at lack of understanding of these matters in time to save trouble and worry to themselves and others.

I gather that in some countries there are what might be called 'sanatoria for rest.'

Also, is not more study needed in England of facilities for, and costs of the various convalescent establishments that do exist?

Yours faithfully,

MARJORIE E. ROBERTS.

Meadow Cottage, Brasted, Kent.

Recent Publications

Books

PATIENTS ARE PEOPLE: A MEDICAL SOCIAL APPROACH TO PROLONGED ILLNESS. By Minna Field. Columbia University Press. London: Geoffrey Cumberlege. 24/-

THE TROUBLED MIND: A PSYCHIATRIC STUDY OF SUCCESS AND FAILURE IN HUMAN ADAPTATION. By B. C. Bosselman. 24/6

THE INSIDE STORY. PSYCHIATRY AND EVERYDAY LIFE. By Fritz Redlich, M.D. and June Bingham. New York: Alfred A. Knopf. $3.75

THE PSYCHOLOGY OF UNBELIEF. By H. C. Rumke, Professor of State University of Utrecht. Trans. from the Dutch by M. H. C. Willems. Rockliff Publishing Co. Price 7/6

THE HOMOSEXUAL OUTLOOK: A SUBJECTIVE APPROACH. By Donald Webster Cory. London: Peter Nevill. 18/-

SEXUAL BEHAVIOUR IN THE HUMAN FEMALE. By A. C. Kinsey and others. W. B. Saunders: Philadelphia and London. 50/-

HUMAN BEHAVIOUR: PSYCHOLOGY AS A BIO-SOCIAL SCIENCE. By Lawrence E. Cole. N.Y.: World Book Co. London: Geo. G. Harrap & Co. 37/6

INTRODUCTION TO GENERAL PSYCHOLOGY. By Fredk. B. Knight. New York: D. C. Heath & Co. London: Geo. G. Harrap & Co. 25/-

EDUCATING THE SUB-NORMAL CHILD. By Frances Lloyd. Methuen. 11/6
THE FREE CHILD. By A. S. Neill. Herbert Jenkins. 9/6
THE FIRST YEAR IN SCHOOL. By E. R. Boyce. Nisbet. 12/6
CHILD HEALTH AND THE STATE. By Alan Moncrieff. Oxford University Press. 6/-
THE CAUSES AND TREATMENT OF BACKWARDNESS. By Sir Cyril Burt. University of London Press. 8/6
THE HEALTH OF THE COMMUNITY. PRINCIPLES OF PUBLIC HEALTH FOR STUDENTS AND PRACTITIONERS. By C. Fraser Brockington. J. & A. Churchill Ltd. 32/-
OUR ADVANCING YEARS. By Trevor H. Howell, M.R.C.P., Edin. Phoenix House Ltd., 38 William IV Street, W.C.2. 16/-
HUMANLY SPEAKING. By Dr. Eustace Chesser. Foreword by Sir Cyril Burt. Hutchinson's Scientific and Technical Publications. 8/6
AGGRESSION AND ITS INTERPRETATION. By Lydia Jackson. Methuen. 21/-
THE JUVENILE OFFENDER. By Geo. L. Reakes, J.P. Chris. Johnson Publishers Ltd. 10/6
RECORDING GROUP ANALYTIC SESSIONS. A CHART OF ATTENDANCES AND OTHER SIGNIFICANT DATA. By S. H. Foulkes, M.D. Monograph No. 1, Group Analytic Society, 22 Upper Wimpole Street, W.1. 5/- post free
INTELLIGENCE TESTING AND THE COMPREHENSIVE SCHOOL. By Brian Simon. Lawrence & Wishart. 6/-
ADAM AND EVE. A GUIDE TO SEX AND MARRIAGE. By Shaw Desmond. Fredk. Muller. 12/-
FATHER RELATIONS OF WAR-BORN CHILDREN. By Lois M. Stolz. Oxford University Press. 32/-
PARENTS ONLY. GROW UP WITH YOUR CHILDREN. By Nicholas Gillett. Island Press, London. 3/6
CHILD PSYCHOLOGY. A DYNAMIC APPROACH. By Leigh Peck, University of Texas. London: Geo. G. Harrap. 30/-
AGGRESSION, HOSTILITY AND ANXIETY IN CHILDREN. By Lauretta Bender and others. U.S.A.: Charles C. Thomas. Obtainable through H. K. Lewis & Co. 40/-
REASON AND UNREASON IN PSYCHOLOGICAL MEDICINE. By E. B. Strauss, M.D., F.R.C.P. H. K. Lewis & Co. 8/6

Reports and Pamphlets

MINISTRY OF HEALTH. Report for 1952, Part II. On the State of the Public Health. H.M. Stationery Office, 6/6
NATIONAL HEALTH SERVICE. HOSPITAL COSTING RETURNS FOR 1952-3. Part I, Reg. Hosp. Boards and Hospital Management Committee in England and Wales. Part II, Boards of Governors of Teaching Hospitals. Part III, Summary of Hospital Costs. H.M. Stationery Office. 12/6
NATIONAL ASSISTANCE ACT. Welfare of Handicapped Persons. Special Welfare Needs of Epileptics and Spastics. Circ. 26/53. H.M. Stationery Office. 1/3
NATIONAL YOUTH EMPLOYMENT COUNCIL. Report on Work of Youth Employment Service, 1950-53. H.M. Stationery Office. 2/-
REGISTRAR-GENERAL'S STATISTICAL REVIEW, 1949. Supplement on General Morbidity, Cancer and Mental Health. H.M. Stationery Office. 7/6
SOCIAL WORK. CAREERS FOR MEN AND WOMEN SERIES, No. 39. H.M. Stationery Office, 1/6
CATALOGUE OF FILMS ON PSYCHOLOGY, 1953. Scientific Film Association, 164 Shaftesbury Avenue, London, W.C. 8/6
CULTURAL PATTERNS AND TECHNICAL CHANGE. A Manual prepared by the World Federation for Mental Health and edited by Margaret Mead. UNESCO. H.M. Stationery Office. 10/6

THE CATHOLIC CHURCH AND THE RACE QUESTION. UNESCO pamphlet. H.M. Stationery Office. 2/-

CEREBRAL PALSY EQUIPMENT FOR CHILDREN AND ADULTS. British Council for Welfare of Spastics, 26 Cranleigh Parade, Limpsfield Road, Sanderstead, Surrey. 5/-

DIRECTORY OF HOMES AND HOSTELS FOR THE CARE OF UNMARRIED MOTHERS AND ILLEGITIMATE CHILDREN. National Council for the Unmarried Mother and her Child, 21 Coram Street, London, W.C.1. 2/6

LONDON COUNTY COUNCIL. Report of Chief Medical Officer and School Medical Officer for the Year 1952. County Hall, S.E.1. 2/6

CHILDREN IN THE CARE OF THE LONDON COUNTY COUNCIL. A Short Guide to the Administration of the Children's Department. Obtainable from the County Hall (Room 9, South Block), S.E.1.

STANDING CONFERENCE OF SOCIETIES REGISTERED FOR ADOPTION. Report of Residential Conference, July 1953. Obtainable from Mr. A. Rampton, Gort Lodge, Petersham, Surrey. 5/- post free

STUDY ON ADOPTION OF CHILDREN. United Nations Dept. of Social Affairs, New York. H.M. Stationery Office. 5/-

JOINT UN/WHO MEETING OF EXPERTS ON THE MENTAL HEALTH ASPECTS OF ADOPTION. Final Report. H.M. Stationery Office. 1/3

THE SHORTAGE OF MENTAL DEFICIENCY NURSES. By Drs. Fitzroy Jarrett, S. Wyndham Davies, J. K. Collier Laing and R. F. Tredgold. Reprinted from the *Lancet*, January 16th, 1954. Obtainable from N.A.M.H., 39 Queen Anne Street, W.1, price 9d. post free. Copies strictly limited.

GADGETS FOR THE DISABLED. Illustrated. National Association for the Paralysed, Tavistock House South, London, W.C.1. 2/9 post free.

HEALTH INFORMATION DIGEST, Vol. I, No. 1. Published by the Central Council for Health Education, Tavistock House, London, W.C.1. 2/6

SPEECH THERAPY. Choice of Careers Series. H.M. Stationery Office. 6d.

MATTHEWS ON "MENTAL HEALTH SERVICES." Several copies are urgently required. Offers stating price to Bookbuyer, H.M. Stationery Office, Room 126, Cornwall House, Stamford Street, London, S.E.1.

Spring 1954

NEWS MH LETTER

ISSUED BY THE NATIONAL ASSOCIATION FOR MENTAL HEALTH
MAURICE CRAIG HOUSE · 39 QUEEN ANNE STREET · LONDON, W.1
TELEPHONE: WELBECK 1272 PRICE 3d.

Northern Office

Our Northern Committee has now started work and consists of the following members (serving as a "Nucleus" Committee) :—

Dr. James Valentine, Chairman (Med. Supt., Scalebor Park Hospital); Dr. J. W. Affleck (Regional Psychiatrist); Miss I. E. Brown (Lecturer and Senior Tutor, Social Studies Dept., Leeds University); Dr. Mary Burbury (Dept. of Psychiatry, Leeds Univ.); Mr. H. V. Burke (Executive Officer, Bradford Mental Health Services); Mr. J. Fattorini (Leeds Reg. Hosp. Board and Mental Health Sub-Committee); Ald. Mrs. L. Hammond (Chairman, Menston Hospital Management Committee); Dr. W. S. Macdonald (Chairman, Juvenile Bench, Member of Standing Mental Health Advisory Committee of Central Health Services Council); Miss J. Mason (Leeds Council of Social Service); Mrs. Shaw, J.P. (Leeds Reg. Hosp. Board, Chairman of Mental Health Sub-Committee,; Dr. R. Sutherland (Senior Lecturer, Dept. of Preventive Medicine and Public Health, Leeds University); Mr. T. G. Woodford, M.A. (Headmaster, Leeds Grammar School).

The staff at present consists of the Secretary (Mrs. Callaway), and a shorthand-typist, but it is hoped to add a psychiatric social worker as soon as an appointment can be made.

The establishment of contacts with Local Authorities, Regional Hospital Boards and voluntary organisations is felt to be the most important function of the committee at this stage, in order to assess mental health needs and consider possible ways of meeting them. At present, it has only been possible to carry on a survey in Yorkshire, but as soon as staff is available, it will be extended further afield with the ultimate object of covering the whole of the North.

Plans for specific activities later in the year include a Conference on "Personal Problems in Industry" and one for voluntary bodies in the area to discuss possible ways of mutual help.

A search is being made for adequate office accommodation; for the time being, the Association is housed in one room at 9 Mount Preston, Leeds, 2.

Staff News

Since the last "News Letter" was issued, we have welcomed two new senior members to our staff. Miss M. Corbett-Lowe has taken the place of Mrs. Johnson as Office Secretary, and Miss Applebey has now a much needed assistant—Miss Marjorie Bird.

We sorrowfully record the death of our accountant, Florence MacDermott, which took place on February 24th. The position of accountant is not one which brings its occupant closely in touch with people outside the office but Miss MacDermott's gentle, unobtrusive personality endeared her to all her colleagues by whom she will be greatly missed.

Covenanted Subscriptions

Last April members will remember that a Special Annual General Meeting was called to delete Article 10 of the N.A.M.H. Articles of Association, since its continued existence was standing in the way of our reclaiming Income Tax on covenanted subscriptions.

The deletion of the Article, which was made possible by the Annual General Meeting, did not affect the fact that for the years 1951/1952 and 1952/1953 the Inland Revenue refused repayment.

The Honorary Treasurer, Sir Otto Niemeyer, felt strongly that this decision should be challenged. He therefore briefed Mr. H. H. Munroe to appear for the Association before the Special Commissioners of Inland Revenue, and himself appeared (as a witness) with the General Secretary.

The case was heard on the 26th February and judgment was given in the Association's favour.

We do not yet know whether the Crown will appeal against this decision; we hope that it may not. If all goes well, the Association will benefit to the extent of nearly £400.

Shuttleworth Samaritan Fund

This Fund, formerly administered by the National Association for the Feebleminded which is no longer in existence, has been handed over to us with the request that we shall act as Trustees. The purpose of the Trust, which produces a yearly income of about £30, is "to provide grants in aid of mentally defective women and girls of the better social class whose families by reason of their adverse circumstances cannot meet the ordinary fees for the education and care of their relatives and dependants in homes and institutions for the mentally defective."

It will be remembered by some of our older readers that Dr. Shuttleworth was a pioneer in championing the rights of mentally defective children to training and education, and his book on the subject, written in collaboration with Dr. W. A. Potts of Birmingham, was for many years the text-book most widely used.

Our Annual Conference

As we go to press, preparations for the Conference at the end of March on "Strain and Stress in Modern Living: Special Opportunities and Responsibilities of Public Authorities," are in full swing and applications are flowing in to the office.

In connection with the Conference this year there are two new features. On the first evening (March 25th), the London County Council are kindly arranging a reception at County Hall for a maximum of 350 delegates who will be received by the Chairman of the Council, Mrs. Douglas Bolton.

On Sunday, March 28th, at 3.30 p.m., we are holding at the Church of St. Martin's-in-the-Fields (by kind permission of the Vicar) a Service of Dedication and Intercession for workers in the Mental Health Field, when the Lord Bishop of Stepney is preaching. A special Form of Service is being drawn up which will be conducted by the Archdeacon of London (The Venerable Oswin Gibbs-Smith) whose help has been generously offered.

If, after the Service, copies of the Service paper are still available we shall be glad to send one to any member who is interested but who was unable to be present.

Educational Activities

Courses for Teachers

For teachers in Oxford, by request of the Local Education Authority, a two weeks' non-residential course on backwardness is being planned to take place in the summer term under the direction of Mrs. Hilda Clark, our senior educational psychologist.

In Buxton a two weeks' residential course on "Diagnostic and Remedial Work with Backward and Retarded Children in Junior and Secondary Modern Schools" will be held in September. Through the kindness of the Derbyshire Education Authority, testing practice and remedial teaching in local schools will occupy about a third of the students' time. In accepting bookings, preference will be given to teachers who have already attended one of the Ministry of Education or N.A.M.H. Courses on the teaching of Backward Children, but after the end of March, if vacancies are available, applications from other teachers will be considered. For further information, apply to Miss M. K. Sykes, at 39 Queen Anne Street.

Courses for Medical Officers

Two Courses for Medical Officers, arranged as in previous years by the N.A.M.H. in co-operation with the London University Extra-Mural Department, will be held during the year—one in May and one in September. Applications are also being invited from Medical Officers who have previously attended one of these Courses, for a one week's Refresher Course planned for September.

Mental Deficiency Training

In addition to the three Courses for staffs of Occupation Centres and School Departments of M.D. Institutions now in full swing, four One Day Refresher Courses will be held on Saturdays in May and June. The theme will be "The Doubly Handicapped Child" and the centres chosen are: Bristol, London, Manchester and York.

The London and Manchester Year's Courses will be holding their "Open Days" at the end of the summer term. The one in London has been fixed for Saturday, July 10th; in Manchester for Saturday, July 17th.

A large number of invitations for these events is always sent out but anyone interested who has not received one by the end of June is invited to apply to Miss Dean, 39 Queen Anne Street, W.1.

UNESCO Project

At the request of UNESCO the Association has agreed to be responsible for carrying out a study on "Periods of Stress in the Primary School," for which purpose a Steering Committee of experts has been set up. The Chairman is Mr. H. E. O. James (Reader in Psychology, London University Institute of Education), Mrs. Clark (N.A.M.H. Senior Educational Psychologist) is acting as Secretary, and Mr. N. Gillett (Lecturer in Education, Dudley Training College) has agreed to be Rapporteur.

The Committee's final conclusions will be summarised in a pamphlet, to be published in UNECO's series on "Mental Health and Education," which will include a comprehensive bibliography. The Study is to be completed by the end of the year.

Prize-Winners

The prize winners in the two competitions sponsored by the N.A.M.H. are as follows:—

Lord Memorial Essay Competition: (for mental and mental deficiency nurses): J. M. Andrews, S.R.N., R.M.N., Claybury Hospital (£5 and medal); Fredk. S. Riley, Student Nurse, Shenley Hospital (£3 and certificate).

The subject of the Essay was: "How can the Nurse help to Modify the Attitude of the Public to the Problems of Mental Illness or Mental Deficiency?"

Adler Essay Competition (open to all nurses on the General Register): Donald Ainsley, S.R.N., Male Charge Nurse in a Geriatric Hospital (£5 5s.)

The subject was "Emotional Problems of the Sick Patient." This is the first year of holding the competition which is therefore of special interest.

Case-Work Seminars

Last autumn two Seminars for Social Workers were held, attended by Probation Officers, Almoners, Children's Welfare Officers and others.

Beginning on March 9th, a further ten weeks' Seminar is being held weekly for a group which includes Authorised Officers, a Housing Manager and a Queen's District Nurse.

Another Seminar for qualified Social Workers has been planned to begin on April 29th if sufficient applications are received.

The Seminars are conducted by Mrs. Kelly, Miss Edwards and Miss Boyle. Further particulars may be obtained from 39 Queen Anne Street.

Raising Funds

Jumble Sale

On a Saturday in February, members of the N.A.M.H. staff with many voluntary helpers, manned a Jumble Sale held in a church hall in Marylebone and—with the support of a genial ex-police officer—wrestled with the demands of the crowd of bargain-hunters who surged in as soon as the doors were open.

Thanks to the generous help of many contributors, there was an ample supply of commodities for sale, and the profit resulting was £125.

Rose Day Market

At the N.A.M.H. Stall at this event, which took place on March 6th, also in Marylebone, the sum of £50 was realised. To those who contributed, whether by sending, buying or selling goods, we offer our grateful thanks.

Appeals Committee

In connection with both these events, we owe much to the labours of a small Committee set up to help in the raising of funds. Its Chairman is Mrs. J. R. Rees, and its members are: Mrs. Leonard Brown, Mrs. William Moodie, Mrs. H. V. Dicks, Mrs. Tatum, Mrs. Baker and Mrs. Hully (two good friends of the Association from the United States), with Mrs. Howard as Hon. Secretary.

It is much hoped that this hard-working Committee will be able to continue its labours on our behalf and that it will be strengthened by the addition of new members.

Publications

Plans are being made by the Editorial Committee for the publication of a popular pamphlet under the title "Do Cows Have Neurosis?" answering the question so often asked by the general public "what is mental health?" The pamphlet will be based on one issued in the United States which we have received permission to use. It is intended to give the casual reader a rough idea of the distinction between behaviour which is normal, and that which is neurotic or psychotic, and at the same time to present the subject in a humorous way in order that undue anxiety should not be aroused. The pamphlet will be produced in an easily readable form and will be interspersed with small line drawings.

Two more of our "Parent Guidance" pamphlets are being reprinted in the new illustrated edition: "Breast Feeding" and "Habit Training," and should be available shortly, price 1s. 3d. each.

The enquiry into the Social Adaptation of Educationally Subnormal School Leavers has now been completed and copies can be obtained from 39 Queen Anne Street, W.1, price 1s. post free.

In the *"Reader's Digest"* for March there is an article on "Don't Let Mental Illness Scare You." To this, by special request, we contributed a note giving a few facts about the situation in this country, and offering further information about the N.A.M.H. to anyone who desired it. A flood of enquiries has resulted, some general but others from people seeking advice about their own mental health problems or about those of relatives, these latter disclosing in many cases great need for expert help.

Rehabilitation of Disabled Persons

Two Memoranda of Evidence for the Ministry of Labour's Committee on this subject have been prepared by the Association to be supplemented by evidence given orally.

Until this evidence has actually been considered by the Committee copies are available for private circulation only, but anyone interested is invited to apply for them to 39 Queen Anne Street. One Memorandum is on Rehabilitation of the Psychiatrically Disabled, prepared by a Joint Committee of the N.A.M.H. and the Association of Psychiatric Social Workers (price 1/6); the other is on Rehabilitation of the Mentally Disabled, prepared with the help of members of the Mental Health Workers' Association (price 1/-).

International Conferences

The N.A.M.H. will be represented at the Congress of the World Federation for Mental Health held in Toronto in August, by its General Secretary and Miss Frances Dean (Head of the Education Department's Mental Deficiency Section), whilst Lady Norman will be there as a member of the Federation's Executive Board. The sum of £650 has generously been made available as a help towards the expenses of the British delegation by a Canadian donor and by the Welcome Trust in this country, and the Committee in Canada hopes to donate further funds for the assistance of delegates attending the Seminars which precede the Congress.

Miss Applebey and Lady Norman are also attending the International Conference on Social Work to be held in Toronto at the end of June.

Through the generosity of one of our own members we are able to send Miss Robina Addis to represent the Association at the Reunion of the European League for Mental Hygiene to be held in Rome in April. The President of the League is Dr. Doris Odlum, one of our own vice-presidents. Its meetings on this occasion will form part of the annual meeting of the Lega Italian di Igiene e Profilassi Mentale.

Vacancies

At the time of writing, the N.A.M.H. has vacancies in two of its Homes for mentally defective children: Kelsale Court, Saxmundham (Approved Home), and Orchard Dene, Rainhill, Liverpool (a Short Stay Home).

It should be noted that at Kelsale Court, children from other regions can only be admitted under the National Health Service Act if it has been first ascertained that the East Anglia Regional Hospital Board is willing to accept financial responsibility.

Local Health Authorities may pay for children sent to Orchard Dene if they have agreed to exercise their powers under Section 28 of the National Health Service Act in respect of cases urgently needing temporary care for a period not exceeding eight weeks.

At both Homes, private patients are accepted and further information will gladly be sent to enquirers.

"Ponds"

We regret to record that this Home for emotionally disturbed children sent through London Juvenile Courts has had to be closed down owing to insurmountable financial and staffing difficulties.

This has been a great disappointment to us and we are at present engaged on compiling a short history of the experiment which will attempt to evaluate the measure of success it achieved.

Approved Homes Conference

In December the N.A.M.H. organised another Conference for representatives of Approved Homes for mental defectives. The fact that the day was foggy and that Christmas was approaching made the number in attendance rather smaller than on the previous occasion but the 25 people who were present much appreciated the opportunity of meeting each other.

The morning session consisted of a demonstration on music for defectives, by Mrs. R. M. Blake, Tutor of the London Year's Course for Occupation Centre staffs. With the assistance of a pianist (Miss Elsie Plaster who kindly volunteered her services) she gave many examples of attractive tunes and songs and persuaded a highly diverted audience to join in choruses and to try their hand at using percussion band instruments.

In the afternoon Dr. Letitia Fairfield took the chair for Dr. F. J. S. Esher (Regional Psychiatrist, Sheffield), who gave an illuminating and provocative talk on "Some Recent Interesting Developments in the Mental Deficiency Field" in his Region.

Mental Health Conference in Scotland

As we go to press we have received news of a Conference to be held by the Scottish Association for Mental Health at the Peebles Hotel Hydro from Friday, 23rd to Sunday, April 25th. The Conference will be opened by the Rt. Hon. The Earl of Home, P.C., Minister of State, and will deal with varied aspects of mental health including papers on "Reflections of a Psychiatrist," "Open Doors," "Mental Health in the Public Health Service," and on problems connected with mental deficiency.

For further particulars apply to Mr. James Robb, M.B.E., Scottish Association for Mental Health, 57 Melville Street, Edinburgh 3.

B.B.C. APPEAL

An appeal for the N.A.M.H. in the "Week's Good Cause" will be made on Sunday, May 9th. Members are asked to note the date and to inform their friends. The speaker will be our Vice-Chairman, Lady Norman.

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